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ORIGINAL LECTURES.

FLOATING KIDNEY.

A Clinical Lecture delivered before the Post-Graduate Class at the Jefferson Medical College.

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GENTLEMEN: I bespeak your attention to-day to a group of cases which are by no means the less interesting nor always the less difficult of diagnosis because they occupy the undefined border-land between health and disease. I refer to those cases in which the problem of diagnosis arises from actual displacement of the viscera. As compared with the number of patients suffering from positive disease which will come under your observation, the individuals subject to conditions of this kind will be few, indeed. And perhaps for this reason alone these conditions are especially worthy of your attention; just as comets, which are not always more conspicuous than the other heavenly bodies, especially interest astronomers by reason of the infrequency of their occurrence as well as by reason of the eccentricity of their orbits. But these comparatively rare conditions are not only often difficult of diagnosis, they also frequently occasion serious secondary lesions, and the gravest consequences to health.

In general terms, displacement of the organs of the body—aside from such changes of position as are secondary to pathological processes in adjacent parts—may be referred to two principal groups. First, those due to some departure from the usual order of development. This is seen in hetero-taxia, where lateral transposition of one or more or of all the organs may occur. To this group are also to be referred those cases in which the testes are permanently retained in the cavity of the abdomen—cryptorchidism; and second, that group of cases in which organs have become dislocated in consequence of the relaxation or giving way of the normal tissues of support. This group includes (a) hernia of all kinds, in which there is local failure of the walls of cavities conjoined with elongation of those anatomical reflexions of tissue which form the visceral ligaments, and (b) cases of the latter lesion alone, whereby certain of the viscera are permitted not only to depart from their normal sites under the influence of gravity and various pressures, but also to move more or less freely around, and hence come to be termed movable or floating organs.

Owing to their peculiar anatomical relations, the kidneys are of all the organs the most liable to this form of displacement, and I am fortunate in being able to present to you for examination this patient who has been for some time under my observation, and who presents for your study an excellent example of the condition known as movable or floating kidney.

The patient who has been before my classes on pre-

vious occasions, is aware of the character of her trouble, good-natured and intelligent; moreover, her general health is, in consequence of treatment which we have advised, much better than for a long time, and she submits willingly to such manipulations as are necessary to demonstrate to you the physical signs of her abnormal condition.

She is a married woman, 35 years of age, the mother of seven children, of whom the youngest is two and a half years old. Shortly after the birth of her last child she noticed on the right side of the abdomen near the median line and above the level of the umbilicus an oblong, regular, slightly crescentic tumor, measuring in its vertical diameter about six inches, in its lateral diameter about two inches and a half. This tumor, the outline of which can be distinctly felt through the relaxed abdominal walls, is of moderately firm consistency and somewhat tender upon manipulation. Its concavity presents toward the median line and backward. It is freely movable within certain limits, and can be displaced an inch or more toward the right and as far toward the left as the median line. In the erect posture it occupies a position somewhat lower than that which it assumes when the patient lies upon her back. In the latter posture it is possible by gentle manipulation and pressure upward and backward to cause the tumor wholly to disappear, only, however, to become again evident when the patient assumes the erect position. Physical examination reveals no pathological enlargement or displacement of the organs of the body commonly accessible to this method of investigation. Percussion, however, in the lumbar region near the spine elicits upon the right side a percussion note somewhat more resonant than that of the corresponding region upon the left side. Inspection and, still more satisfactorily, palpation indicate slight flattening of the right side in this region as compared with the left. Upon causing the tumor to disappear as above described, all these physical signs vanish. Light percussion over the tumor elicits dulness, more forcible percussion tympanitic resonance analogous to, but less intense than that elsewhere over the abdomen. Careful chemical and microscopical examinations of the urine on several occasions have established the fact that there is no disease of the kidneys. For the rest, as I have already stated, this woman's health is at present fairly good, much better than for several years, and the presence of this tumor no longer occasions the physical distress and mental anxiety that it formerly did. The explanation of this important change in the patient's symptoms bears directly upon the etiology and general management of such cases. Some months ago her health reached the lowest point in a life of unremitting hard work and rapid childbearing. She was anæmic, weak, much troubled with vague and with definite pains, the latter being constantly present in the back and pelvis, and accompanied with a constant sense of tension and pressure. Pains of a dragging and teasing character were

associated with the presence of the tumor, itself a constant source of anxiety, its nature being then unknown to her. She suffered also from abundant leucorrhœa and a tormenting frequent desire to pass urine. The tumor was at that time almost constantly present, and if it disappeared upon assuming the recumbent posture or under the manipulations of our examination, it was only for a brief time. Not only is her general health much improved in all respects, as you perceive, but the tumor itself as she tells us, is no longer a source of mental anxiety to her, nor, indeed, of any very great physical suffering. Nay, more, she assures us that it can be caused to disappear for long periods, and on one occasion recently was not present for three weeks. It is, however, apt to reappear upon efforts of lifting and particularly in carrying heavy weights up stairs.

Her improved physical condition is due to the fact that an important uterine lesion, the real cause of her more serious symptoms, was at that time discovered and relieved by operative measures. This lesion consisted in extensive bilateral laceration of the neck of the uterus with marked ectropion of the cervical mucous membrane and hypertrophy. The operation was performed by Dr. C. M. Wilson, at the Nurses' Home, and was in every respect a complete success. The patient was kept upon her back for three weeks and was treated with small doses of strychnia in Basham's mixture, having at the same time a generous and wholesome diet. In the course of time the anaemia, the feebleness, the general and localized pains, the leucorrhœa ceased, and the condition of the patient is, she declares, now better than it has been for several years.

The disposition on the part of the kidney to retain its normal place is due to the higher position of the uterus since the operation, and to the improved tonicity of the abdominal walls, which the general improvement in health has brought about.

With this improvement of her physical condition, there has been a remarkable gain in the patient's mental state. The removal of the thorn in the flesh, the three weeks' rest in bed without toil, without anxiety, with plentiful food, did much for her. Moreover, her mind is at rest concerning the nature of the tumor, which she now knows is not, as she formerly feared, a cancer.

Movable kidney may be congenital or acquired. When congenital, it is due to the anatomical anomaly of elongated renal vessels and the existence of a mesonephron. When acquired, the absorption of the encapsulating fat resulting from acute or chronic sickness, congenital laxness of the posterior peritoneum and relaxation of the abdominal walls, such as is usually present in women who have borne several children, must be looked upon as favoring causes. The much greater frequency of movable kidney among the laboring classes gives color to the supposition that the lifting and carrying of heavy weights tend to establish the condition in individuals otherwise predisposed to it. Movable kidney is far more frequent in females than in males, the proportion being six to one. It has been observed in childhood and adolescence, but the greater number of cases occur in women during the child-bearing period. The right kidney is displaced much more frequently than the left, the proportion being nearly five to one, and less frequently both kidneys are displaced. The displaced kidney is not neces-

sarily altered in structure, but may be affected by malignant, fatty, or other degeneration. It is movable in the segments of circles of which the radii correspond to the length of the renal vessels, but it occasionally happens that in consequence of local peritonitis, it contracts adhesions to contiguous organs and becomes fixed. When the abdominal walls are sufficiently thin palpation reveals the characteristic renal outline of the tumor, and, in some instances, the pulsation of the renal artery has been detected. The difficulties of diagnosis presented by a kidney only slightly displaced, or in individuals with thick abdominal walls, are sometimes very great. The outline of the tumor is usually greater than that of the normal kidney, a fact readily explained in the absence of actual enlargement of the organ by its being invested by the posterior layer of the peritoneum and the subserous connective tissue. The most common symptoms are a sense of weight or dragging in the position of the tumor, to which are often added dull, radiating, neuralgic or colicky pains, all aggravated by movement and exercise. Dyspeptic symptoms are also commonly present, and nausea is by no means rare. Mental depression and anxiety, as has already been pointed out, are frequent and important symptoms.

The prognosis as regards life is favorable, as regards permanent relief, unsatisfactory.

The treatment, by a sort of contradiction of terms, is more satisfactory than the prognosis, for while you cannot relieve the condition, you can do much to make it bearable. In the first place, you must make your patient understand the nature and character of the tumor, in order to relieve his mental symptoms; in the second place, associated causes of ill-health must be removed. The patient before you affords a striking illustration of the importance of this course. As anaemia and inanition are very frequently present, a generous diet and the use of iron are indicated. As the subjects of this condition are frequently overworked as well as underfed, rest and the avoidance of the more toilsome occupations are, if possible, to be secured. You will find in your text-books abdominal bandages, variously padded, recommended to secure the kidney in its position, an object in which for the most part they utterly fail. If the symptoms be such as to wear the patient out and to incapacitate him for self-support and enjoyment of life, or if the displaced organ be the seat of malignant or suppurative disease, surgical interference may become necessary. In the former case, whether the displaced organ, free from disease, should be extirpated—nephrectomy—or fixed in the loin—nephrorrhaphy—is still an open question in surgery. In the latter case, extirpation is the only resource, and nephrectomy is, as you know, even under favorable circumstances, one of the most fatal operations of surgery.

ORIGINAL ARTICLES.

EXENTERATION OF THE EYE: A SUBSTITUTE FOR ENUCLEATION.

BY MIDDLETON MICHEL, M.D.,
OF CHARLESTON S. C.

THE memoranda of a case of shot-wound of the eye recently under my care, furnish on this occasion some reflections on a method of operation that

promises perhaps better results in the future, than the more destructive procedure of enucleation always resorted to at present as the surest means of preventing sympathetic ophthalmia.

The introduction of enucleation into ophthalmic surgery secured, it is true, a very certain arrest of all irritative and destructive sympathetic radiation that otherwise sooner or later inevitably compromise the sound eye; but it has also served to impress us with certain dangers of possible recurrence with which we are familiar, who have often practised this operation. Indeed extension of inflammatory action to the meninges, and even death, that have sometimes taken place consequent upon this operation, explain the anxious solicitude and brilliant anticipations expressed on every hand when first we heard of optico-ciliary neurotomy as a substitute for enucleation; and the regret subsequently experienced when even this method failed to realize all that was promised in its behalf. Not that we mean to imply that enucleation must not indeed be always performed in malignant disease, but simply that for the single object of cutting off sympathetic communication with the sound eye when the lost one becomes the source of irritation, some less disfiguring yet equally effective operation might be devised.

It is only within a few months that an attempt has been made to destroy all neural connection with the sound eye by removal of the injured organ without opening the capsule of Tenon; without involvement of the orbital cellular tissue, yet still retaining the sclera with its several muscles as a movable stump for subsequent support of an artificial eye.

Such an operation within the few past months has been executed in Hall, and in England, and by myself a few weeks since.

While it may be predicated of this new operation that it is wholly exempt of danger to life, still the few cases recorded so far are only presumptive evidence that it is destined to fulfil all the requirements and indications of a successful operative procedure. The complete destruction of the peripheral relations of long or short ciliaries and optic nerves; the obliteration of bulb by removal of its contents; the uninjured capsule of Tenon and Bonnet; the non-invasion of subconjunctival tissue; in other words, an untouched orbital cavity, yet an eye thoroughly removed, are the salient conditions of a procedure that seems to foreshadow the speediest cure and surest results.

This simple method consists in opening the eye just beyond the sclero corneal border, as in the operation for staphyloma, finishing the abscission of the anterior segment of the bulb with scissors, then with scoop or curette, introduced between choroid and sclera, enucleating the contents of the globe, eviscerating the organ so as to destroy completely all ciliary and optic connection with the sclerotic, arresting hemorrhage, and cleansing the sense-capsule with cotton compresses dipped in a weak solution of corrosive sublimate, then suturing the scleral cup with two or three catgut ligatures, all of which is conducted under a continued antiseptic spray of corrosive sublimate.

So far as the encheiresis involved in this method

of operating is concerned, contrasted with enucleation or optico-ciliary neurotomy, the preference, even in the hands of an expert, would seem to be in favor of exenteration or evisceration; but it remains to be ascertained whether the healing process will always be rapid and unattended with any complications. I have had but a single opportunity of testing the results of exenteration which occurred recently, and I will now relate the case:

Isaac S., white, aged 20 years, native of Hamburg, residing in Summerville, S. C., came to me April 3, 1885. Shot in the right eye by a robber who waylaid him in Summerville on the night of the 2d April, the eye became immediately swollen and dreadfully painful. The next morning, the pain being still more severe, and discovering that sight was gone, that not even perception of light remained, he was brought to the city, and being a Jew, he applied as a stranger to the Hebrew Benevolent Society for instruction, and he was sent to me by letter from the President, Mr. M. Triest. He was taken to a private boarding house, and every arrangement made to operate upon him the next day, as he was informed that his eye was lost and would have to be removed lest it should induce sympathetic irritation in the other eye.

Present Condition.—Right eye and eyelids very much inflamed, painful, swollen, ecchymosed; eye black and blue, the effusion of blood extended to the cellular tissue of the face around the orbit. No fracture of bones about the orbit, no emphysema, no wound of the integument about the face or eyelids. A penetrating wound of the cornea, through which a bead of aqueous appeared as often as it was wiped away, was already surrounded by a zone of effused lymph, and occupied the ciliary border. Through the nebulous cornea the pupil irregularly dilated could just be discerned. In the lower and outer half of anterior chamber a white deposit was seen, to which the iris was attached, resembling a hypopyon of some duration. The aqueous was sufficiently clear to permit a view of the iris and pupil, but from the fundus we obtained no reflex, for the vitreous seemed the seat of intraocular hemorrhage, and T. was + 1, which obscured the fundus and interdicted the discovery of any foreign body like a shot. Steady increase of pain and inflammation since Wednesday, the day of the accident; position of the corneal wound near ciliary zone; accompanying chemosis of both lids and ocular conjunctiva; and the loss of nearly all light perception, proved that the eye was irrecoverably lost, either from penetration of a spent shot lodged in some part of the organ, or from laceration of cornea from the same source, consorted with concussion. There were already synchia and atresia of pupil that threatened painful iritic and cyclitic complications at no very distant period, conducting inevitably under these circumstances to monocular destruction and most probably to sympathetic ophthalmia. For these reasons, to save the sound eye and abridge the duration of cure, and his detention in the city, we advised immediate surgical interference, which he requested me at once to undertake.

Exenteration was performed the next morning,

April 4th. Desirous of testing the efficacy of hydrochlorate of cocaine in an operation of this character, as I had obtained most satisfactory results from its employment in minor operations, instillations of a few drops of a solution of one grain to the drachm, were made to the whole surface of the eye at intervals of three minutes or more for over twenty minutes until local anaesthesia seemed fully induced. The pressure of the speculum upon the edematous and chemotic lids was, however, not unattended with inconvenience; and after the first steps of the operation through superficial parts were seemingly unfelt, such undisguised pain ensued as we progressed, that we had to suspend the operation and resort to ether to secure the best results for this new procedure. Under a continuous spray of corrosive sublimate solution 1 to 4000, with fixation forceps, keratome, and scissors, abscission of the front of the eye was readily accomplished, when with a vulcanite scoop passed by a-to-and-fro movement between the choroid and sclerotic to the fundus evisceration followed, aided by curette and scissors, not without some difficulty, especially in detaching the retina from the canalis opticus.

The vitreous was discolored by extravasated blood, and more hemorrhage occurred from the fundus than I had expected. In the hemorrhagic contents removed, I sought in vain for any trace of shot, which shows how difficult, even impossible, it often is to say whether the foreign body has penetrated the eye. After cleansing the sclerotic cup this was closed by three sutures, and formed an excellent stump. With the exception of soreness, by the next day all circumorbital pain subsided, and although a very considerable chemosis subsequently occurred, protruding the tarsal cartilages and evertting both lids, this condition was relieved by free scarification. Cooling applications of lead lotion were substituted now for Warlement's wash, which had been applied previously to allay the ciliary neurosis and orbital pains with which he had previously suffered.

In staphylomatous eyes, recovery from enucleation is more rapid than from abscission, for in the latter case we leave a scleral cup containing such elements (as choroid, retina, and vitreous) that undergo retrogressive changes, sometimes of a destructive nature even should no suppuration occur; but after exenteration the empty sense-capsule, with no structural element likely to take on inflammation, is supposed to heal with rapidity, as cures are said to occur in two days. I was disappointed to find in my case that this was delayed for two weeks, with no elevation of temperature or pain, but with some secretion of a muco-purulent discharge, though very slight. I am disposed to refer this delay to damage done by the accident and to the extraordinary chemosis that occurred in consequence of the deferred operation. It is possible that had exenteration been immediately performed, convalescence would have ensued in two or three days, for, after scarifying the conjunctiva, the subsidence and defervescence that followed showed the cicatrix of a wound, that, from its firm and insensitive nature, must have been for some time healed.

The superiority of this new operation for cosmetic

purposes is apparent in the symmetry of a prominent and rounded stump, moved by each and every one of its muscles in harmony with the other eye, furnishing a solid support for the glass eye.

Enucleation, on the contrary, entails a permanent deformity upon the sufferer, since the empty orbit offers no longer any support to the eyelids, which, falling in, are no longer able to conduct the tears to the puncta, this secretion becoming a source of constant irritation unless the lachrymal gland be also excised.

Again, an irremediable symblepharon often results from cicatricial contractions that interdicts the possible introduction or retention of an artificial eye, a condition that has too often embarrassed our efforts to give this a proper support.

Among the greatest advantages of the new operation, however, is the pleasing assurance that not having opened any of the intravaginal lymph spaces of the orbit, no traumatic pathway obtains for the conduction of morbid products to the meninges or to the brain.

Since the writing out of this case, enabled as I have unexpectedly been to perform another exenteration and this before the members of this Association in session, I shall here detail the additional operation which they witnessed and its results, as constituting, so to speak, a part of our proceedings:

Charlotte C., negro, of about 50 years, domestic, native of this city, living in Henrietta Street, was sent to me April 22, 1885, with a disorganized globe, from a blow of splintered wood. She was cutting wood with an axe, when a splintered fragment flew up, striking her in the right eye. This occurred three weeks ago. On receipt of the injury the sight was immediately lost, and since its occurrence she has had no rest, no ease from the constant pain in orbit, and around the eye, even along the region of the temple. Her sufferings have not diminished, but are increased when she is in the recumbent position. The other eye is now so "weak" that she cannot look at an object without its "watering" so much so that her sight is obscured. She thinks the "sight must be gone in the injured eye, as she cannot see with this eye, not even light." She says "her good doctor has been doing everything for her; putting drops into her eye, but they have done her no good," and she wants me "to take out the eye," which she knows "will ease her, just as if you took a rotten tooth out of her head." This we promised to do to-morrow.

Present Condition.—Phthisis bulbi of right eye. Cornea exhibits a deep leucoma occupying its lower half, iris attached, pupil nearly obliterated and discolored; sclerotic intensely congested; globe prominent and tense, painful on pressure, $V = 0$; circumocular chemosis; epiphora; orbital and temporal neuralgia.

Operation was performed April 23d, before members of the Association, at 12 o'clock. Exenteration was again followed by considerable bleeding as in my previous case, controlled by lint and ice. Chloroform was administered, sclera sutured, and cold compresses applied. Globe was found disorganized

by lymph deposits, and iris adherent to cornea in part.

April 24.—Pain has greatly disappeared, though still sufficient to disturb her rest. No appetite, temperature normal, no discharges on dressing; cold compresses to be continued.

25th.—Condition the same. *Edema* about upper lid. Considerable serous chemosis. Scarified conjunctiva freely. Compresses dipped in Goulard's lotion and tr. opii continuously applied.

26th.—*Edema* of upper lid considerable. Chemosis so great that it projects entirely out of orbit; scarified again.

28th.—No pain whatsoever, up and moving about. Scarifying has not notably subdued the swollen conjunctiva.

30th.—Lid less swollen. Chemosis slowly receding. Lotion continued.

May 7.—To-day two weeks chemosis considerable; no apparent inconvenience from exposure of protruded conjunctiva to dust and air.

13th.—Turgescence of mucus much decreased, though still sufficient to conceal the sutures, which, after search, were found firmly attached to a remarkably bulbous sclerota, that had by no means collapsed; the plica semilunaris projects, discolored at inner canthus. On drawing upon these sutures a prominent and resistant bulb, $T = 2$, still readily determined by the touch, showing that, as yet, no shrinkage to any perceptible degree, has occurred, though this is three weeks since the operation. Pressure on upper eyelid when closed discovers the globe very easily, as it moves in different directions drawn by the muscles. The sutures were removed to-day.

A feature of constant attendance upon these two operations was the remarkable chemosis ensuing within a few days, so considerable that the conjunctiva bulbi protruded entirely beyond the palpebral fissure, completely burying the lower lid, and concealing all trace of the sutured bulb. This condition, together with an extensive *edema* of upper lid, gives an unusual aspect to these cases, unlike what is seen in any other operation upon the eye.

Unattended by any kind of discharge, pain, or elevation of temperature, that would liken this appearance to an aggravated form of purulent ophthalmia in infants, I am disposed to regard the occurrence as peculiarly characteristic of the operation of exenteration; so much so that were I in presence of an *edematous* upper lid, beneath which projected a conjunctival intumescence of considerable size, constricted, as it were strangled, at the palpebral fissure, without reactionary process, and without discharge, I should feel no hesitancy in declaring that the eye had been eviscerated.

This repeated occurrence of so exaggerated a chemosis arrests attention, and is suggestive of a perfect explanation, even demonstrative of the whole subject of conjunctival connections and actions.

Chemosis is not always the declaration of hyperæmia. In the instances before us the chemosis is a serous, not a vascular, infiltration of the conjunctiva; consequently is void of inflammatory heat, of pain, or of the purulent or muco-purulent products

of inflammation; it is a simple infiltration of serosity beneath the loose, serous, cellular tissue of the ocular conjunctiva, the aponeurotic arrangements of whose retrotarsal folds retain the hypersecretion within the anatomical limitations of this part of the orbit, free to move extraorbitally to an almost unlimited extent, but checked in any retrogressive tendency towards the orbital cavity by the firm orbital fascia in this region.

In such an unsightly turgescence there is, then, no indication of alarm, no threatening of danger.

But, why should this excessive chemotic *edema* occur after exenteration? is the question proposed by those who witnessed this phenomenon twice thus regularly produced—a phenomenon differing essentially from the partial and asymmetrical swelling of the conjunctiva from other surgical interferences upon the globe.

This question seems of interest sufficient to call for the reply that suggests itself at this juncture. When we recollect the importance of shape and dimensions to the eye as a dioptrical apparatus, where the slightest deviation, even of a fraction of a line, must of necessity vary its optical focus, one will fully appreciate the axiomatic truth, that *the eyeball never changes its form*. For the maintenance of this physiological condition a normal tension of the eyeball is recognized, and an equable pressure in its vicinage, and throughout the whole orbit is of paramount importance; but, when this pressure is suddenly and greatly disturbed, indeed wholly abolished by emptying completely the entire ball; the great change that immediately ensues in the periocular circulation explains the passive effusion which commences at once, which, independent of all reactionary influences of an inflammatory nature, finds its readiest vent beneath the serous cellular tissue of the preorbital region. This sudden abolition of all ocular tension, the obvious result of gutting the eyeball, produces, mechanically, a greater filling of all the orbital vessels in *vacuo*; and this leads, perhaps, to the chemosis that so rapidly ensues.

Whatever be the proper explanation of this occurrence, however, it certainly is the most remarkable feature as a sequel to this operation. Nor does it rapidly disappear, since in my first case it took two weeks to subside; and in the second case, now under consideration, being the third week of the operation, it has by no means vanished. I do not, therefore, understand how cures have been reported to have occurred within two or three days.

Another point is the hemorrhage that persists for awhile after evisceration is completed; welling up from the empty sclerotic to an extent far beyond what I could have supposed probable, from the severance of such inconspicuous vessels as the central artery of retina and ciliaries. Yet, here again we must find an explanation in the anatomical peculiarities of the part. These vessels, however small they be, perforate an inextensible fibrous capsule, and, while imprisoned within their fibrous attachments to the sclerotic, are held patent and unable to retract. Trifling as this circumstance may seem, when applied to such minute vessels, yet in other situations in the body we know it to be often of

great import if not controlled by pressure, and even by the application of ice, to both of which we had recourse on these occasions, to avoid a loss of blood out of all proportion to the simple nature of the operation.

Again, another question connected with this procedure is, What becomes ultimately of the emptied sclera? Will it really constitute the prominent and permanent support for prosthesis, which is claimed for it? Or does it collapse, and, through shrinkage, become atrophied? These are questions that remain to be determined in the future. So far as my personal experience extends, which is at present six weeks since operating upon Case I., I have discovered that a globular mass remains, exhibiting a healthy non-vascular sclerota of remarkable firmness, that rolls under pressure like the ball itself, turned by its muscles as each is called into action, strikingly resembling the bulb in all its entirety.

It is possible that the sclerota, still nourished by its proper vessels, pours out exudates that subsequently become, through fibrillation, an organized body of fibrous structure, but little smaller than the normal globe, that long will exist as a firm, well-nourished stump, sustaining the lids in proper relation to the tear passages, since we have ascertained that this secretion reaches the puncta safely, and that none overflows the cheek in the case referred to.

In the gunshot injury above detailed, as no shot was detected, we see that phthisis bulbi resulted from simply a glance shot that incised the cornea, and produced destruction of the eye by concussion, lodging neither within the organ itself nor within the orbit; but, falling short of this, should a shot become buried in the orbital cushion of fat, harm would not necessarily result. Inflammatory processes of the orbit are not of common occurrence. Sympathia never originates but from ciliary or optic sources. We see foreign bodies of extraordinary nature retained indefinitely in the vicinage of the bulbus oculi, encapsulated in the fat cushion, without giving pain to the subject, who remains even unconscious of their presence.

We could rehearse many instances of this kind, but will recall only two that are memorably known to all oculists:

The first is Clarke's case, recounted by Carter, of Stroud, in which piece of a hat-peg of cast-iron, "measuring three inches and three-tenths in length, and weighing twenty-five scruples," was extracted from the orbit of an old man of seventy-three years of age, after a period of impaction of not less than ten, and probably even twenty, days,—the man recovering without a bad symptom.

The second is the Nélaton and Desmarres's yet more famous case, in which the former surgeon removed from the orbit the broken-off ivory handle of an umbrella that had lain embedded therein for three years unknown to the young man himself, and to the celebrated oculist Desmarres, who failed to discover any foreign body at the time of the accident, though the ivory handle measured "one inch and five-eighths in length, and half of an inch in thickness." This patient also left the hospital with "vision improved, and with the fistula nearly healed."

A small shot that has impinged upon, or that has even traversed the eyeball, may therefore safely remain embedded in the deeper parts of the orbit with little trouble; but, should symptoms of *sympathia* arise, this circumstance would in nowise interdict the operation of exenteration.

These, then, are some points of interest suggested by this novel operation of exenterating or eviscerating the eye, that have induced me to bring before your notice a modified surgical procedure in ophthalmology but little known as yet even to specialists.

DISINFECTANTS.

PRELIMINARY REPORTS OF THE COMMITTEE ON DISINFECTANTS OF THE AMERICAN PUBLIC HEALTH ASSOCIATION.

XIII.

DISINFECTION WITH MINERAL ACIDS.

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DISINFECTION with mineral acids in one form or another, has long been practised. Sulphurous acid was used by the ancient Greeks in the purification of their temples after sacrificial offerings had been made. In 1773, Morveau recommended the vapor of hydrochloric acid produced by the action of sulphuric acid on sodium chloride. In 1780, Smyth began the use of nitrous acid vapor as a disinfectant. During the present century, many experiments have been made for the purpose of determining the value of the mineral acids as disinfectants, both in liquid and in vapor form. It is the purpose of this paper to review briefly these reports, and to ascertain what conclusions may be drawn therefrom. Since sulphurous acid has already been discussed in this connection, no further mention will be made of it here.¹

Hydrochloric acid.—Dougal² found that vaccine virus exposed under a bell-jar of a cubic foot capacity, for twenty-four hours, to the vapor of the acid became inert. After exposure, the lymph was mixed with glycerine and water, and the reaction of the mixture (acid) was noted. The mixture was then hermetically sealed in tubes, and so kept until used. Dr. Dougal believed that the effectiveness of the vapor was due to its rendering the virus acid. In proof of this he gives the following tabular statement of the reaction of the lymph and glycerine mixture used in his successful and unsuccessful vaccinations after exposure to different agents:

Successful vaccination. Virus not destroyed.	Reaction of the lymph and glycerine mixture.	Vaccination not successful. Virus destroyed.	Reaction of the lymph and glycerine mixture.
Carbolic acid vapor.	Neutral.	Chloride of lime.	Acid.
Carbolic acid.	"	Sulphurous acid.	"
Chloroform.	Alkaline.	Nitrous acid.	"
Camphor.	"	Glacial acetic acid.	"
Sulphuric ether.	"	Hydrochloric acid.	"
Iodine.	Neutral.		

¹ THE MEDICAL NEWS, March 28, 1885.

² Glasgow Med. Journal, vol. 5, p. 166.

Commenting upon the above table, Dr. Dougal states: "These results *per se* are singularly and suggestively explicit. They show that the mixture of lymph and glycerine of the successful vaccinations was either neutral or alkaline; while that of the unsuccessful was, without exception, acid. Hence, volatile acids, or a volatile body causing acidity by chemical affinity, as the chlorine from the chloride of lime, which produces hydrochloric acid and free oxygen, are the best destructives of the active properties of vaccine lymph, and therefore *a priori* of variolous matter and other zymotica.¹ The same theory is insisted upon by Dr. Dougal in a later paper.² Results with hydrochloric acid vapor similar to those obtained by Dougal, were reached by Braidwood and Vacher in eight experiments.³

Koch⁴ ascertained by cultivation that anthrax spores were destroyed after ten days' exposure to a two per cent. solution of the acid; but that exposure for from one to five days failed to destroy the spores.

Dr. Sternberg, in some experiments made for this report, found hydrochloric acid to fail as a disinfectant when used in the ten per cent. solution, and to be successful when the strength was increased to fifteen per cent. Each c.c. of the acid used by Dr. Sternberg contained 0.395 grain of HCl.

Sulphuric acid.—Koch⁵ noticed diminished development of anthrax spores after exposure to a one per cent. solution of sulphuric acid for twenty days. The test was by cultivation. Salmon,⁶ experimenting upon the micrococcus of fowl cholera, found one-half per cent. solution of sulphuric acid successful as a disinfectant, tested by inoculation; but one-fourth and one-eighth per cent. solutions unsuccessful, tested by cultivation. Sternberg⁷ states that "sulphuric acid destroys B. termo and the two species of micrococcus experimented upon in the proportion of 1: 200; but a four per cent. solution failed to destroy the bacteria in broken-down beef tea (old stock), doubtless because of the presence of reproductive spores. The multiplication of the bacteria mentioned was prevented by the presence of this acid in a culture solution of 1: 800." Dr. Sternberg has given the per cent. of sulphuric acid necessary to insure disinfection at eight. Each c.c. of the acid used contained 1.480 grammes H₂SO₄.

inert. The lymph was treated as given under hydrochloric acid, and the action was supposed to be due to rendering the lymph acid.

Notler¹ has experimented upon nitrous acid as an aerial disinfectant. However, his conclusions are not wholly trustworthy, as he considered the bacteria destroyed when their motion was only arrested. He says: "I believe the full effect of the agent to be produced when there is arrest of motion, with complete precipitation and disorganization of the bacteria, and I have endeavored in each case to look for this result." One hundred c.c. of putrid beef infusion in saucers was placed in a chamber, of a cubic capacity of fifty-three feet, with two ounces of copper wire, and fifty c.c. of concentrated nitric acid, yielding 0.35 per cent. of nitrous acid. Soon the bacteria became less active, and in forty-eight hours the activity was still further diminished, and a heavy precipitation of the organisms was noticed. The infusion was free from odor. On the third day, there was no tendency to the further development of bacteria and the liquid was quite inodorous. At the end of a week there was no further decomposition and the infusion was found to be strongly acid.

Sternberg² found that exposure of vaccine virus for six hours to an atmosphere containing one per cent. of nitrous acid vapor, destroyed the germs; also that the bacteria of putrid urine were destroyed when exposed on filter paper for six hours to an atmosphere containing one-half per cent. of nitrous acid gas.

Nitric acid.—Dr. Sternberg has ascertained that nitric acid fails as a disinfectant in solutions of five per cent.; but is effectual in solutions of eight per cent. Each c.c. of the acid used contained 0.819 grammes of HNO₃.

Chromic acid.—Koch³ ascertained that anthrax spores were destroyed by exposure to one per cent. solutions of chromic acid after from one to two days.

Osmic acid.—Koch⁴ found by cultivation that anthrax spores were destroyed by exposure for twenty-four hours to one per cent. of osmic acid.

Practical considerations of the use of the mineral acids as disinfectants. The action of ten and five per cent. solutions of sulphuric, nitric and hydro-

Date of weighing and changing solution.	No. of days in the solution.	10 per cent. H ₂ SO ₄		5 per cent. H ₂ SO ₄		10 per cent. HNO ₃		5 per cent. HNO ₃		10 per cent. HCl		5 per cent. HCl	
		Weight of pipe.	Loss.	Weight of pipe.	Loss.	Weight of pipe.	Loss.	Weight of pipe.	Loss.	Weight of pipe.	Loss.	Weight of pipe.	Loss.
Jan. 30, 1885.	0	53.120	.	52.990	.	53.000	.	53.000	.	53.000	.	53.000	.
Feb. 2, "	3	53.120	00	52.990	00	48.500	4.500	51.300	1.700	52.930	0.070	52.990	0.010
Feb. 3, "	1	53.120	00	52.990	00	44.220	4.280	49.150	1.880	52.900	0.030	52.970	0.020
Feb. 4, "	1	53.120	00	52.990	00	41.130	3.090	47.365	1.985	52.860	0.040	52.925	0.045
Feb. 6, "	2	53.120	00	52.990	00	34.520	6.610	44.400	2.965	52.845	0.015	52.920	0.005

Nitrous acid.—Dougal⁸ found that vaccine lymph exposed to nitrous acid under a bell-jar of one cubic foot capacity for twenty-four hours, was rendered

chloric acids upon lead pipes was tried with the results given in the accompanying table. Weighed pieces of lead pipe were placed in the dilute acids, and the loss was determined by subsequent weighings. This represents a more powerful action than

¹ Loc. cit., p. 168.

² British Med. Journ., vol. 2, p. 726, 1879.

³ Life History of Contagium.

⁴ Mittheilungen a. d. Kais. Gesundheitsamte, B. I. S. 263.

⁵ Loc. cit., p. 264.

⁶ Report Dept. Agriculture, 1883.

⁷ Bacteria, p. 233.

⁸ Loc. cit.

¹ Dublin Journ. Med. Sciences, vol. 71, p. 508.

² National Board of Health Bulletin, p. 287.

³ Loc. cit., S. 264.

⁴ Loc. cit.

would result simply from the rapid passage of the disinfectant through the pipes; but the table gives results which would be obtained by the solution standing in a trap. At the time of each weighing, the dilute acid was replaced by a fresh portion.

The experiments were continued until the nitric acid had completely destroyed the pipe; but as the results are sufficiently shown by the above figures, it is unnecessary to give the table in full. After a number of days there was a slight increase in the weight of the pipes placed in the sulphuric acid solutions. All the acids used were of the commercial grade. We also have figures showing the action of the dilute acids upon iron pipes; but as this action is rapidly destructive with all the acids, it is unnecessary to give the figures. In order of disintegrating effect upon iron pipes, sulphuric acid acts with most vigor; while there is not much difference in the effects produced by the same strength solutions of nitric and hydrochloric acids. The action upon zinc is in the same order as that given for iron; while the solvent action of nitric acid on tin was found to be greater than that of either sulphuric or hydrochloric acid.

CASE OF ANOSMIA

ASSOCIATED WITH BONY STENOSIS OF VOMER WITH CONTRACTED INFERIOR MEATUS OF THE NOSE; OPERATION BY DRILLING, FOLLOWED BY IMPROVEMENT IN SMELL.

BY FRANCIS L. PARKER, M.D.,

PROFESSOR OF ANATOMY AND CLINICAL LECTURER ON DISEASES OF THE EYE AND EAR, MEDICAL COLLEGE OF THE STATE OF SOUTH CAROLINA.

MR. T., aged twenty-five years, grocer, applied to me on the 7th of September, 1884, complaining of loss of smell in both nostrils. He was in good health, is married, and has several children, all of whom are healthy. He stated that for several years his chief occupation in the grocery business was in testing and classifying cargoes of bacon, much of which was rancid.

In July he had gone north on a pleasure trip and had spent the month in the White Mountains. He had not previously experienced any difficulty in the sense of smell. He returned and resumed his occupation about the first of August, and soon afterwards had examined and assorted a large lot of very bad bacon. Soon afterwards he noticed that the sense of smell was gradually lessening, and in the course of the month he could not detect odors of any kind. On some days smell would be present and last for a few moments, and not come back during the day. Sometimes it would last an hour in the morning entirely disappear for hours, and again return in the afternoon for a few moments; at other times, a day or two would pass without his being able to detect smell of any kind.

Upon examination I found some general congestion, and slight thickening of the mucous membrane of the nasal cavities on both sides. On the right side the meatus was somewhat contracted, but did not prevent a free circulation of air. On the left side there was a bony osteosis of the vomer infringing

upon the inferior turbinated bone, and practically closing the inferior meatus; the middle meatus was larger than usual, and the superior was of normal size. There seemed to be no interference with the current of air on this side. The patient breathed as freely on this side as on the other.

Supposing the case of idiopathic origin, the sulphate of strychnia in doses of one thirty-second of a grain, with five grains of muriate of ammonia, three times a day was ordered, with directions to suspend his occupation as meat tester. The nasal cavities were also daily sprayed with the saturated solution of borax, and afterwards with a solution of iodine, iodide of potassium, and glycerine, with the view of relieving the congestion of the mucous membrane. This course of treatment was kept up till the 17th of September, with little or no improvement. Being about to leave the city for a month, the dose of strychnia was increased to one twenty-fourth of a grain.

I did not see the patient again till the 17th of October. He had continued his medicine regularly till the 1st of October without material change in his smelling, and for the past sixteen days he had stopped it. He stated that during the month smell had occasionally returned about midday for a short time and then "went off." Sometimes he could smell on one side and not on the other, and sometimes both sides "worked well." I had frequent opportunities to test the correctness of this statement. On the 15th it was good and lasted all the morning. Thursday it disappeared; Friday (to-day), it was present early in the morning and lasted two hours. At my office at 2 P. M. he could smell harts-horn, but not chloroform or iodoform. Strychnia in doses of one twenty-fourth of a grain, and with five grains of ammonia, was resumed three times daily, and electricity was applied every second day, for five minutes at a sitting, one pole being applied to the superior and middle turbinated bones. The cavities were also sprayed with solution of borax or soda bicarb., and iodine in some of the varied formulas recommended, was applied either by spraying or by the probe with cotton.

Oct. 30.—No perceptible change; smell returns irregularly as before, sometimes lasting one or two hours, or it may be only momentary. Same treatment continued, and I occasionally I gave him sittings of ten minutes in using electricity; it only tired his endurance without doing good.

Nov. 2.—Yesterday smell lasted six hours and seemed normal, he could detect all kind of odors; it left after dinner, did not return till breakfast to-day, merely momentary.

From the 13th to the 30th of November, there seemed to be gradual though variable improvement, he was worse when he took cold in the head.

Dec. 5.—No practical improvement, previous treatment stopped: suspecting that latent specific causes might be at the bottom of the difficulty, the patient was now put upon a course of mercury and iodide of potassium in the usual doses for a month without any notable change in his symptoms. Notes of the case would apply equally as well for the seventh of September, 1884, as for the first of January, 1885.

During January, February, and to the middle of March, being sick myself, treatment was practically suspended, except that the patient was directed to keep the nasal passages dilated with a solution of iodine, iodide of potassium, and glycerine, passed up with a probe armed with absorbent cotton.

On April 1st, his condition was practically unchanged, I had often suggested to him the removal of the stenosis of the vomer on the left side by drilling, but he would not consent. I had not urged it because, while the inferior meatus of the left side was practically closed, the middle and superior meatus were large, and admitted a free current of air which had served the purpose of olfaction all his life.

All remedies having failed, general and local, I again suggested the propriety of removing the stenosis by operation; to this he acceded, and I performed the operation with Wagner's burrs attached to a dental engine, in the presence of several members of the profession. I first injected twenty minims of a four per cent. solution of the muriate of cocaine under the mucous membrane covering the stenosis, and also applied it freely over the outer side.

The operation was comparatively painless, with little hemorrhage; the inferior meatus was bored out in a few minutes to its normal size admitting the largest sized Wagner's nasal probe.

April 22.—The after-treatment consisted in cleansing the parts daily.

Twenty-two days have passed since the operation; the sense of smell has steadily improved on both sides in acuteness and persistency, and has been present nearly all the time for the past ten days. The patient is sanguine about the ultimate restoration of this important function.

Remarks.—I have described the above case of anosmia somewhat at length and the treatment adopted, because I think it presents some marked peculiarities differing from any case of the kind which has come under my observation, and from the usual class of such cases described in general or special treatises upon the subject.

With regard to the etiology of this affection, the causes are either centric or eccentric. Under the first there may be congenital deficiency of the olfactory nerve, or the centre of olfactory conduction or excitability may be inert or defective. Hemiplegia is often the direct cause of anosmia, and it is sometimes dependent upon hysteria difficult of explanation, and often present among the insane. To these may be added the various conditions of impaired function of smell arising from traumatic causes involving fracture of the ethmoid bone and injury to the olfactory bulb, some temporary, some permanent, owing to the extent of the injury inflicted at the time, and the powers of nature to repair the injury.

As an instance of traumatic anosmia, I attended a gentleman in January, 1878, who was shot by a pistol-ball on the border of the left superciliary ridge. For two days he had symptoms of concussion with nausea, after which he recovered. I suspected fracture of the orbital plate of the frontal bone, extending backwards to the sphenoid or ethmoid bones. Subsequent symptoms pointed to the ethmoid and olfactory bulb. He had anosmia and impaired taste

until the following October (ten months). Since then he has continued well.

Among the eccentric causes we have an equally long list producing temporary or permanent loss of smell, nasal catarrh in the second and third stages, syphilitic ozæna, or the constitutional effects of syphilis not manifested by disease of the nasal mucous membrane, apparently affecting directly the olfactory bulb and nerves, the latter improving under an antisyphilitic course of treatment.

Tumors of the nose in their various forms, bony stenosis of the septum interfering with admission of air into the middle and upper meatuses, foreign bodies producing chronic thickening of the mucous membrane, with sanguous discharges and necrosis of the turbinated bones.

As an instance of anosmia from foreign body in the nose, with necrosis of the inferior turbinated bone, I published a case of this kind in the *Transactions* of the South Carolina Medical Association for 1881, under the title of "Chronic Ozæna of Sixteen Years' Standing; a Quartz Pebble Impacted in the Inferior Turbinated Bone; Removal of Turbinated Bone; Recovery."

Wagner (*Diseases of the Nose*) mentions strong injections in the treatment of chronic rhinitis, and the long-continued use of the nasal douche, as causes of anosmia. He also relates a case, reported by Notta, of a person whose sense of smell was *totally* destroyed by superintending the cleansing of a sewer from the bad odor, and another occurring in his own practice of a flour inspector, who had lost the sense of smell for flour, while his sense of smell was *perfect for other odors*.

The last two cases are similar to the one reported above, the loss of smell being caused by the effect of odors upon the terminal branches of the olfactory nerve. In Notta's case smell was *totally* destroyed by the noxious odor of sewer gas suddenly inhaled. In Wagner's the loss of smell was confined to a *particular* odor. In the case I have described the party dated his loss of smell to sampling a particular cargo of meat after having returned from a pleasure tour of a month. His loss of smell, therefore, could not have been caused by the constant exposure to the bad odor of rancid or spoiled meat as a tester. His case seems to have been one in which the olfactory nerve was overpowered by the odor from a box of spoiled Bologna sausages in the cargo examined, and the deleterious effects upon the peripheral nerves of smell was gradually increased by his occupation.

It would have been amusing, had the consequences not been so serious, to notice the horror with which he spoke of that particular box of "bad Bologna sausages; it beat anything in all my experience, and had to be boxed up as soon as it was opened, and was a complete loss to the house." Another peculiarity of this case which I have not seen mentioned in the books, consisted in the *variability* of the function of smell lasting a few minutes or hours, then disappearing, to return again during the day, or sometimes wanting almost entirely for one or two days, this not being confined to a "professional bacon odor," but to odors of all kinds.

The influence exerted by the bony stenosis existing

in this case, and causing loss of smell, is questionable, although his improvement was very noticeable after the operation.

The patient had been subjected to local and constitutional treatment for eight months without practical improvement until the operation; but it should be stated that, though not actively engaged, from disability, as a taster of meat, he was all the time in the same building, and exposed more or less to the same odors in a modified form originally causing the difficulty.

Bony stenosis of the nose produces anosmia directly from mechanical occlusion, and is often associated with congenital anosmia, or indirectly by setting up after exposure a chronic rhinitis, and the loss of smell may be gradual. The latter is at first confined to the affected side, but very often extends to the other nostril, and smell on both sides may become obliterated. I have operated four times for the removal of congenital bony stenosis of the septum by drilling, and have now under treatment an elderly gentleman for chronic rhinitis impairing smell, dependent upon the same cause.

I think cases of this kind are more numerous than is generally supposed.

The occlusion may exist at any part of the middle or inferior meatus, but is most common near the anterior nares. I reported my first case to this Association in 1882, and it was published in the *Transactions* for that year; the three others have occurred since. All of them were on the left side, and had chronic rhinitis, with more or less anosmia, and were relieved by the operation.

NOTE.—June 5th: I saw the patient to-day; he reports continued improvement, and considers himself nearly well.

MEDICAL PROGRESS.

THE ADVANTAGES OF PERINEAL INCISION IN THE TREATMENT OF PROSTATIC AND PERIPROSTATIC SUPPURATION.—M. PAUL SEGOND, at a recent meeting of the Société de Chirurgie de Paris, read a paper upon the advantages of perineal incision in prostatic and periprostatic diseases, of which the following are the conclusions:

1. Rectal incision in prostatic abscess is an operation open to the following objections: It must be done without antiseptic precaution; it is insufficient; is dangerous at once on account of the hemorrhage which may result, and dangerous as to its results by its liability to produce urethrorectal fistula, which is frequently incurable.

2. The transverse perineal and prerectal incision presents none of these disadvantages. Strict antisepsis may be practised. The operation insures the complete drainage of pus, obviates the danger of hemorrhage, and when the abscess communicates with the urethra—at once, or later in the history of the disease, the gravity of the prognosis is diminished by the avoidance of a urethrorectal, and the creation of a urethroperineal fistula.

3. Extensive incision by the perineum is, therefore, to be preferred when practised according to the pre-

ceding rules, in all prostatic or periprostatic suppurations which have a tendency to open elsewhere than in the urethra, and should be resorted to when the perineum is yielding, and the lesions are exactly located above the middle aponeurosis.

The operation is also indicated as a valuable resource in the treatment of serious and intractable cases, characterized by the presence of fistula or of true prostatic cavities communicating with the urethra by an opening insufficient to permit the free drainage of pus, and the cicatrization of the purulent passages.—*L'Union Médicale*, June 16, 1885.

CASE OF VAGINAL ATRESIA WITH PURULENT RETENTION WITH PYOMETRITIS.—DR. J. ROSNER, in *Przegłód lekarski*, 1885, No. 13, reports the case of a girl, aged 18 years, who in November, 1884, came to the gynecological clinic of Prof. Madurowicz for treatment. Previous to this time she had for the most part enjoyed good health, but had never menstruated. Two years previously she began to suffer from abdominal pain, which came on at intervals, and usually continued some days, without vomiting or nausea. For some months preceding her appearance at the clinic, she had suffered continual pain in the abdomen, loins, and lower extremities, and during the last few days had had frequent chills followed by light fever. Examination after emptying the bladder, which extended to the umbilicus, showed the abdomen distended by a tumor of considerable size, which extended the breadth of three or four fingers over the symphysis pubis. The tumor was roundish in shape, the edges smooth, it was wholly immovable, and had a resistance corresponding to the uterus. The external genitals and perineum were swollen, and the labia majora were separated from each other about a half inch. The entrance to the vagina was closed by an imperforate hymen, which was much distended and pushed forward.

The urethra was firmly pushed upward against the pubic arch, so that the introduction of a catheter was very difficult. Fluctuation was plain. After a careful incision made layer by layer, with antiseptic precaution, through the hymen, which was about one-eighth of an inch thick, pus mingled with blood escaped without pressure to the amount of more than a quart, and this result was followed by the immediate relief of the patient. The vagina was irrigated with solution of carbolic acid, and an examination made showed it to be smooth, distended, its walls thickened. The external orifice was the size of a dollar, its edges forming a thick roll. The uterine mucous membrane was puffed and swollen, and the cervical canal contracted.

Rest in bed and irrigation of the vagina with carbolic solution was ordered. In two days the discharges ceased, and the patient left the hospital.—*Centralbl. für Gynäkologie*, June 13, 1885.

THE CLIMATIC TREATMENT OF PULMONARY TUBERCULOSIS.—DR. K. CHODOUNSKY makes the following résumé of the points worthy of consideration in the climatic treatment of pulmonary tuberculosis:

1. Contraindication to all climatic therapy is found (a) in the existence of high fever; (b) in great extension of the tubercular disease, unless its progress has ceased; (c) in a debilitated condition which compels the

patient to remain in bed; (d) peritoneal and intestinal complications.

2. Contraindications to an elevated region: (a) erethesis; (b) advanced anaemia; (c) changes due to advanced life, especially of the vascular system; (d) an habitually accelerated pulse; (e) diminished inspiratory power; (f) all fevers; (g) pneumonic tuberculosis in all stages; (h) chronic miliary tuberculosis with frequent exacerbations; (i) laryngeal catarrh and tuberculosis; (j) the stage of decay, unless under specially favorably circumstances; (k) complications with cardiac and vascular disease; (l) disease of the kidneys; (m) neuralgia and neuroses of typical nature.

Elevated climate is indicated for hemorrhagic cases as follows: (a) in haemoptysis in the initial stage; (b) in light passive haemoptysis; (c) in congestive haemoptysis after discontinuance of the fever and an interval of eight weeks since the last hemorrhage; (d) in hemorrhagic cases with cavities, if the decay and the fever have ceased and no hemorrhage has occurred for a period of eight weeks.

3. Indications for an equable climate are: (a) moderate fever in which the temperature does not rise above 100.4° F.; (b) tuberculosis in the stage of decay with moderate characteristic symptoms; (c) hemorrhagic cases with cavities and moderate symptoms, and an eight weeks' interval since the last hemorrhage; (d) congestive haemoptysis; (e) laryngeal catarrh and tuberculosis; (f) heart, vascular, and nervous complications for which the elevated regions are contraindicated; (g), cases in which irritability of the air-passages exists; (h) cases with diminished power of inspiration and an habitually accelerated pulse; (i) advanced anaemia; (j) advanced age.—*Allgemeine Wiener med. Zeitung*, May 19, 1885.

A CASE OF ALTERNATE PARALYSIS OF PEDUNCULAR ORIGIN.—DR. RAMEY reports a case of alternate paralysis which, during life, exhibited the following characteristics: Incomplete hemiplegia of the right side, and paralysis of the left common motor-oculi. Post-mortem examination revealed the presence of a caseous tubercle the size of an almond, situated in the cerebral peduncle and the left optic thalamus.

Points worthy of note in the history of the case are:

1. Notwithstanding the complete destruction of the optic thalamus, the patient presented no signs of sensory disease, except what were slight and transitory.

This condition is in opposition to those authors who consider the optic thalamus as the centre of sensitive and sensorial perception (Luyts, Fournié).

2. The results of the experiments of MM. Brown-Séquard, Budge, and Afasanieff, show that section of the cerebral peduncles determines in animals serious vaso-motor disturbance. In the patient now under discussion there was, from the origin of the affection, a permanent sensation of cold in the right arm, whose temperature was in reality lower than that of the same member of the opposite side, although there was no appreciable difference in the color of the hands or forearms. Only during the last ten days of life did the right hand exhibit any peculiarity, and at this time it became edematous and of a reddish carmine hue.

3. The researches of Afasanieff and Budge, upon the function of the peduncles, seem to have established a

relation between this region and the sphincters of the rectum and bladder. In the case under consideration there was no evident disturbance of the function of these muscles—except at the period immediately preceding death—a time when the general depression of all the vital forces was sufficient to explain the condition.

4. In spite of a relatively gross lesion located in the optic thalamus, and which destroyed a large portion of the superior floor of the peduncle, the spinal marrow presented no trace of secondary degeneration—a condition which seems to prove that the optic thalamus and the superior peduncular floor do not form an integral portion of the cerebral motor apparatus; or, at least, do not have a trophic influence upon the pyramidal fibres.—*Revue de Médecine*, June, 1885.

EXPERIMENTAL INOCULATION OF TUBERCULOSIS AND GLANDERS.—DR. CHARRIN, in an experimental study of tuberculosis and glanders, has determined that inoculation does not prevent glanders; and that, most probably, auto-inoculation in this disease is produced more readily than in the case of tuberculosis. He further holds that, just as in the acute infectious diseases, there are some which ordinarily do not recur—typhoid fever, etc., and others which may be repeated; so, in the chronic infectious diseases, or in those ordinarily chronic, there are some which, like syphilis, cause an immunity to recontagion; and others, as glanders and tuberculosis, which, at least constantly, do not obey this law.—*Revue de Médecine*, June, 1885.

METHOD OF OPERATING IN LAPAROTOMY FOR INTESTINAL OBSTRUCTION.—MR. J. GREIG SMITH gives the following concise rules for the operation of laparotomy in intestinal obstruction:

1. Make the incision in the middle line below the umbilicus.

2. Fix upon the most dilated or the most congested part of the bowel that lies near the surface, and follow it with the fingers, as a guide to the seat of obstruction.

3. If this fail, insert the hand, and carry it successively to the cæcum, the umbilicus, and the promontory of the sacrum.

4. If this again fail, draw the intestine out of the wound, carefully covering it, until increase of distension or congestion, or both in one of the coils, gives an indication that the stricture lies near.

5. If there be considerable distension of the intestines, evacuate their contents by incision, and suture the wound. Never consider an operation for intestine obstruction inside the abdomen finished until the bowels are relieved from overdistension.

6. Be expeditious, for such cases suffer seriously from shock. The whole operation ought to be concluded in half an hour.—*British Medical Journal*, June 13, 1885.

INTRAVENOUS INJECTION OF MILK.—MR. CHARLES E. JENNINGS, after reviewing the current literature on the clinical intravenous injection of milk, and also the results of physiological experiments with such injections, concludes:

1. The intravenous injection of a small quantity of newly drawn milk is harmless.

2. Large injections of milk are fatal, with polyuria as the chief symptom.

3. The employment of impure, or stale milk, is most dangerous, on the probability that septicæmia will follow the operation.

4. The operation is to be recommended in the later stages of cholera, enteric fever, phthisis, and pernicious anæmia, as a substitute for the transfusion of blood; and, in short, in all cases where transfusion of blood is indicated on nutritive grounds, but where a blood-donor cannot be procured, or where this operation is, for other reasons, impracticable.—*British Medical Journal*, June 6, 1885.

THE SUBCUTANEOUS DIVISION OF THE SPHINCTER ANI.—MR. T. PICKERING PICK, after reporting a case in which spasm of the sphincter ani was successfully treated by subcutaneous incision, says: In thinking over this case, it occurred to me that we had in this simple operation a decided improvement on the one usually performed for that very distressing complaint, fissure of the anus. The usual operation consists in passing a blunt-pointed knife into the anus and cutting outwards through the base of the ulcer, so as to divide the fibres of the sphincter muscle, and this produces a very considerable wound, which always takes from ten days to a fortnight to heal, and sometimes a very much longer period, during which the passage of the motions over the sore causes the patient a certain amount of pain and annoyance, and exposes him to the risk of septic absorption.

The object of this operation is to paralyze the action of the muscle, which by its movement prevents the ulcer from healing. And it will be often found by those who are frequently called upon to perform it, that if the muscle is imperfectly or insufficiently divided, entire quiet is not obtained, and the undivided fibres, though paralyzed for a time, soon recover themselves, and the old trouble reappears. It seemed to me therefore that by subcutaneous division of the muscle we attained three ends: (1) a complete division of the whole muscle, and therefore a more certain result; (2) a small puncture instead of a large wound, and therefore more rapid healing; (3) a subcutaneous wound and less chance of septic absorption.

There is also another class of cases in which I think the operation of subcutaneous division of the sphincter ani may advantageously be resorted to, and that is in the operation for internal piles, whether that operation consists in ligaturing, searing, or crushing them. It has been for some time in my practice, and I have no doubt it is the practice of every one who operates in these cases, to commence proceedings by forcibly stretching and paralyzing the sphincter. There can be no doubt of the great advantages to be derived from this proceeding, for not only does it fully expose the lower part of the rectum, so that it can be thoroughly explored, but it also does away, to a great extent, with the spasmodic pain, which is otherwise such a frequent sequel to this operation. Stretching is performed by introducing the two thumbs into the rectum and thoroughly extending and, no doubt, rupturing some of the fibres of the sphincter ani by separating them in the antero-posterior and lateral directions, using an amount of force sufficient thoroughly to overcome the spasm. For this somewhat unsurgical proceeding I now substitute subcutaneous division, an operation which thor-

oughly exposes the lower three inches of the rectum, without such laceration and bruising of tissues as forcible stretching must produce, and entirely does away with the pain from spasmodic contraction which, in spite of the stretching, often, in my hands at least, followed the operation.—*Medical Times*, June, 6, 1885.

TREATMENT OF STONE IN THE BLADDER.—MR. REGINALD HARRISON, at the conclusion of an elaborate paper upon the treatment of stone in the bladder, says, in reference to the management of hemorrhage:

The treatment of immediate and secondary hemorrhage in cases of lithotomy, prostatotomy, and cystotomy, has given me much consideration, as in a large experience of these operations instances of these complications have from time to time arisen. When an artery has been divided, and is evidently spouting, it must be tied; this can generally be done with the aid of retractors without much difficulty; to plug a spouting vessel, if it is possible to avoid it, is to court the recurrence of a bleeding. More usually I have noticed, as in section of the prostate and adjacent parts, this bleeding is of a freely oozing nature, as if from spongy textures, but in this way many ounces of blood may be quickly lost. I have invariably noticed in the cases referred to, when the bleeding has been of this oozing nature, how easy it is to control it with the point of the finger introduced and well carried into the bottom of the wound, sometimes even by the finger in the rectum. For the finger in the wound I now (since the fatal case just recorded) substitute a lithotomy tube of a size which precisely fits the wound-cut in the bladder that has been made. I have them made of different calibres, so that they may fit with tolerable accuracy. They are tied into the bladder by the usual perineal band, and drainage through them is carried on by the inner rubber tube, which can be changed at will, and by which the bladder is washed out and the urine carried into a vessel by the patient's bedside.—*Annals of Surgery*, June, 1885.

DIFFERENT VARIETIES OF ORCHITIS CONSECUTIVE TO URETHRAL CATHETERIZATION.—DR. BARETTE, in discussing the different forms of orchitis due to urethral catheterization, reaches the following conclusions:

1. Patients suffering from prostatic disease, or from stricture, are subject to certain testicular complications due to catheterization, the more as their urethral mucous membrane is altered and vascular.

2. The orchi-epididymites which supervene are developed under two different forms: the simple acute and non-suppurative, and the acute suppurative variety.

3. In every case the point of departure is a lesion of the mucous membrane at or in the region of the ejaculatory orifices.

4. The inflammation starting from this point appears to advance along the lymphatic channels of the seminal apparatus, and thus reaches the testicle and the tunica vaginalis testis.

5. The morbid, or healthy condition of the urine, and old or more or less extended alterations of the urinary passages, seem to play an important part in the clinical form of the orchitis, and to determine whether it is simple or suppurative.—*Journal de Médecine de Paris*, June 14, 1885.

THE MEDICAL NEWS.

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SATURDAY, JULY 18, 1885.

THE OUTLOOK FOR THE CONGRESS.

To those who know anything of the characteristics of the international assemblies of the medical profession, known as Medical Congresses; or of the views of the leading medical men of Europe, whose concurrence is essential to make such meetings interesting or valuable, it must now be evident that the action of the American Medical Association, and of its new Committee, if persisted in, will result in a disgraceful failure.

It is possible that the Association may succeed in gathering one or two thousand men to attend such a meeting in Washington as its Committee proposes; and we will admit that it is possible, though very improbable, that it may succeed in raising sufficient funds to provide for the material part of the performance, but it most assuredly will not be able to induce the presence of a fair representation of the leaders of medical thought and progress from this or any other country.

Nor will the consequences be limited to the fact that the proposed Congress will rank far below those which have preceded it in the importance and interest of the papers presented, and the discussions to which they give rise. Were this all that is to be feared, the matter would be one rather for contempt than for apprehension. Those who decline to sanction the new programme, by refusing to allow their names to appear in connection with it, will lose nothing in reputation among our foreign friends, who will understand and appreciate their motives, and will, at the same time, free themselves from a very considerable amount of labor and responsibility.

The danger is to the American Medical Association itself, and to the unity of the profession in this country.

The men who are engaged in original research, and who are best known as those who are contributing to the honor and dignity of American Medicine by their writings and teachings, are not usually active in medical politics or in the supervision of their medical brethren, nor are they given to logrolling and striving for office. For the past ten years these men have been becoming dissatisfied with the tone of the American Medical Association, and while many of them have not formally severed their connection with it, they have nevertheless ceased to attend its meetings. Many of them give their entire interest and work to purely scientific associations such as the College of Physicians and the Academy of Medicine, to pathological societies, or to societies devoted to specialties, in which the scientific physician is not liable to be annoyed and overborne by wire-pulling and loud-voiced demagogues.

The result of this interference with the Congress, and of the evident determination of the leading spirits in this movement to maintain their control over the Association, will be to alienate still further the scientific workers and teachers of the profession, and already we hear rumors of the formation of a new National Society, to meet the wants and wishes of this class. This result will fatally damage the influence of the Association, and it is greatly to be regretted, for the Association has done good, and might do much more if it were conducted in the interests of the whole profession.

The leaders of the new Committee are at present actively engaged in trying to devise some form of compromise which will enable them to retain their own positions, and at the same time prevent further defection, but this cannot be done. The leading members of the profession of the principal cities of the Union have declared their determination not to accept office. The presidents of nine of the Sections, the Secretary-General, as well as a large proportion of the vice-presidents and members of the Councils, have likewise declined to coöperate under the new organization. Self-respect, if nothing else, demands that a committee which has been so thoroughly discredited by the profession at large, and whose inability to organize an International Congress has been completely demonstrated, should at once resign. If its members do not, they fully justify the charge which has been freely made, that they place their individual interests above those of the profession, and that they prefer to see the Congress destroyed than themselves without office.

BRONCHIAL ASTHMA.

THERE are few affections upon which so much has been written, and in which permanently successful treatment has been so unsatisfactory as bronchial asthma. But it is only by continued, well-directed study of the subject that we can hope to secure that accuracy of knowledge upon which alone must depend a rational and successful treatment.

Considerable attention has recently been given to asthma in some one or more of its modes of manifestations, and apparent advances in pathology and treatment have been attained, both in this country and in Germany. Thus, DR. CURSCHMANN, of Hamburg, recently read a paper on bronchial asthma, before the Congress für Innere Medicin, at Wiesbaden, confining himself to those cases characterized by a sudden or rapidly increasing and equally rapidly declining dyspnea, having its seat in the smaller air passages, is predominately expiratory, and is associated with emphysema and, for the most part, with prolonged expiration.

The cases included in this category he further subdivides into two groups, which he calls primary and secondary, and of which the most important is the secondary. In this class he includes those cases in which the cause of the asthma lies either in a part remote from or adjacent to the respiratory apparatus itself, whence the asthmatic attack is induced for the most part in a reflex manner. These reflex cases he again divides into two groups, of which one has to do with unaltered respiratory passages, while the other is associated with abnormal conditions.

In the latter group he especially includes what is now generally described as bronchialitis exudativa, characterized by the presence of spiral coagulated products in the sputum, although Curschmann does not claim, as some others do, that the presence of these spirals necessarily implies asthma. According to him, there must also be the affection of the mucous membrane with the intense irritability consequent upon it. The simple clothing of the bronchial mucous membrane with such a secretion would explain a bronchialitic dyspnea, but not a bronchialitic asthma. He leaves open the question whether spasm of the diaphragm has anything to do with the attacks of asthma. He does, however, insist that the bronchialitic condition is primary, and the asthmatic, secondary.

As to the first group of secondary asthmas, where the bronchial passages are intact, Curschmann regards as especially important those asthmatic attacks which emanate from disease of the nose and nasal spaces. They include swellings and hypertrophies of the turbinated bone, polypi, exostoses, etc. They produce the so-called nasal asthma. Especially serious cases are those instances of nasal asthma which are accompanied by exudative bronchialitis.

Of that form of primary asthma in which the cause resides in the brain, or the nervous paths which lead from the brain to the respiratory apparatus, Curschmann has had no cases, and believes it to be at least very rare.

The prognosis varies with the patient and cause of the disease, being most favorable in those cases where the condition is due to reflex processes, while the lung itself is unaffected organically. Much more serious are the cases due to exudative chronic bronchiolitis.

In the treatment narcotics hold the first place, and probably cocaine is destined to play an important role. In the treatment of the general condition iodide of potassium is very valuable. Surgical measures may be useful. Many cases of nasal asthma recover entirely, while others only partially recover, or relapses take place.

In this connection we may call attention to the new work of DR. SAJOUS on "Hay Fever and its Successful Treatment." According to his views, hay fever would exemplify that form of asthma which Curschmann has never met,—the form in which the cause resides in the brain and nervous paths which lead from the brain to the respiratory apparatus. For, according to Dr. Sajous, persons subject to hay asthma possess, as the result of heredity, diseases implicating markedly the nervous system, nerve centres which have become abnormally sensitive and are therefore inordinately influenced by the external irritants to which they respond. But this is not the whole of the pathology of hay asthma, according to Dr. Sajous. Not only must there be a hyper-excitability of the nerve centres, but the nasal mucous membrane must be hyperaesthetic, and capable of transmitting to the abnormally sensitive nerve centres the impression made upon them by external irritants, which are supposed to be the pollen of flowers and certain other unknown elements which prevail only from June to September. Given the absence of any one of these conditions and the patient is spared the attack. The absence of the physical element, whatever it may be, which causes the irritation may be secured by removal to certain localities where it does not prevail.

Dr. Sajous secures the removal of the irritable mucous membrane by eliminating, first, the abnormal conditions of the mucous membrane, that is the swellings, hyperostoses, etc., by suitable treatment; and second, by cauterizing the hyperaesthetic nasal mucous membrane, and thus rendering it insusceptible to the irritating agencies. This is the new and successful treatment of hay asthma, in the early use of which Drs. W. H. Daly, of Pittsburg, J. A. Roe, of Rochester, and Prof. Harrison Allen, of Philadelphia, have, also, been conspicuous. We sincerely hope

that further experience may confirm these preliminary statements, and that "hay" or "rose" asthma may no longer be the opprobrium it has always been to the science of medicine.

THE RESPONSIBILITY OF GREATNESS.

THERE are some persons who may say whatever they choose without running much risk of doing harm if they happen to be wrong, while there are others whose lightest utterances are of the gravest moment, and who run a correspondingly great risk of doing damage, if what they say happens to be without good reason. To this number belong those distinguished men in our profession who, by their learning and experience, have come to occupy positions from which every expression of opinion carries almost conclusive weight to those who hear them. The honor of this position is no greater than its responsibility; and though the latter occasionally seems to be lost sight of, it may be that distinguished men think too modestly of themselves to understand how highly they are appreciated by others, and that this may lead them to overlook the preponderating weight of what they say, as against the sayings of those whom the world rates far below them. However this may be, it is, unfortunately, no rare thing for one who has an extensive and well deserved reputation for learning in the science and art of medicine to express an opinion in regard to some detail of this science or art about which he has less precise knowledge than it might be supposed he has, in regard to which, in fact, he is mistaken, and about which he becomes the father of error. The worst of the matter is that the very merits of one who may do this deepen and widen the mischief.

This is a state of affairs which is probably inseparable from the constitution of men's minds, and an essential part of that proper respect for years and position which lies at the foundation of all stability in scientific matters. But the recognition of this liability to err should form a part of the preparation of every man of consequence for the expression of his opinions, especially on controverted points. Failure to recognize it may lead to mistakes which mislead others, and leave an unfortunate record for the inspection of posterity.

An illustration of this is to be seen, from time to time, in items which go the rounds of the medical journals, and which are sometimes found in those which take special pains to be select in their citations. Thus the *London Medical Record* recently contained an abstract of the opinions of Prof. Sperino on the "analogy between syphilis and rabies," on studying which we have been forced to the conclusion that it would be hard to put in so small a space the evidence of greater ignorance of the subject discussed. It is evident, from what is cited, that Prof.

Sperino, notwithstanding his eminence, is entirely unfamiliar with what is knowable—we dare not say what is known—about the subject of rabies or hydrophobia. When Prof. Sperino says that "hardness of the lymphatic glands before the development of the disease, and a prolonged incubation, are common to" both hydrophobia and syphilis, he shows that he has made the common mistake of confusing what is striking, but exceptional, with what is ordinary, but less likely to be the subject of remark. When he says that "hardness round the wound in hydrophobia corresponds to the hard sore in syphilis," he is manifestly unaware of the fact that a careful study of a large number of cases of so-called hydrophobia shows indubitably that induration at the seat of the suspected bite is very rarely to be noted, and deserves no more consideration than the temporary hardness of most cicatrices. When he speaks of "Marochetti's vesicles" as corresponding to the mucous patches of syphilis, he certainly cannot be informed that the existence of the so-called "Marochetti's vesicles" is as purely a matter of imagination and misapprehension as is the existence of the moon-stone.

This slip of Prof. Sperino is a new illustration of the time it takes for the truth to catch up with falsehood. Allusions to the vesicles of Marochetti appear with tolerable regularity in articles on hydrophobia, which come from men who have not heard that the inventor of these vesicles was probably a charlatan, and that, after rigid scrutiny, both he and they have been relegated to the limbo of medical literature.

Again, Prof. Sperino says that hydrophobia, like syphilis, is transmitted by heredity—a statement which robs us of any right to be surprised at any other which he may make on this subject; while his assertion, that hydrophobia is not communicated by the milk, although perfectly true, is in direct opposition to a much greater mass of the same sort of evidence as is available to establish the hereditary transmission, which he does not hesitate to accept.

The culmination of Prof. Sperino's errors is reached when he speaks of the treatment of hydrophobia. Here he actually cites eleven cases of "mad-dog bites" in which there was hardness of the lymphatic glands, and in which mercurial frictions removed this condition. One child, he says, had several bites, and, owing to some of the wounds having been neglected, the first symptoms of hydrophobia appeared, but yielded to mercurial frictions. The author concludes, however, that "these eleven cases do not warrant a proclamation of the prophylaxis or rabies."

In all this there is shown the same ignorance of what has been tried and found wanting long ago which marks most of the utterances in this communication. In fact, the whole theory of the analogy of syphilis and hydrophobia is an ancient thing. John Douglas

put it quite succinctly more than a hundred years ago when, speaking of hydrophobia, he said "that antidote which most effectually expels the malignant and deadly poison conveyed by the sting in a harlot's tail, must also be the best antidote against the sting of the scorpion, the bite of the viper, rattle-snake, and all the serpents in the East or West Indies." And it is more than three hundred and fifty years since Palmarius first suggested the use of mercurial frictions in the treatment of hydrophobia—a suggestion which, after centuries of testing, has proved utterly useless.

Unfortunately, the profound ignorance of most medical men in regard to the literature of hydrophobia prevents the immediate rejection of such already thoroughly discussed and thoroughly exploded suppositions as these. Unfortunately, too, this very ignorance is likely to lead to the adoption of Prof. Sperino's ill-founded opinions on his sole authority, and to favor the propagation of the darkness which they were intended to enlighten.

Thus we see that eminence is no guarantee of infallibility, and once more is illustrated the possible perversion of the influence of authority, which, when rightly used, is one of the best as well as one of the most important agents in the formation of a correct scientific opinion. Let those, then, who, however modest, must be aware that a special value is attributed to whatever they say, exercise the greatest caution in expressing views which they have formed from inadequate investigations, and let them do this all the more if their opinions concern matters which have been the subject of careful research on the part of others.

ALBUMINURIA AND THE MERCURIAL TREATMENT OF SYPHILIS.

AT the recent Congress of German Physicians FURBRINGER, of Jena, read a paper upon the albuminuria of syphilis with and without mercurial treatment. He found that of secondary syphilitics who before treatment were not albuminuric, eight per cent. became albuminuric during treatment. In cases of primary syphilis not treated with mercury, albuminuria occurred in twelve per cent. of cases, almost always in the stage of disappearance of roseola; with the exception of three cases, the albuminuria disappeared with the institution of mercurial treatment.

In the discussion which followed, SCHUSTER claimed that cases of serious albuminuria due to syphilitic renal disease recover by mercurial treatment, and that there is no contraindication to the use of mercury in these cases.

SCHUMACHER had observed several cases of simultaneous syphilis and nephritis, and was satisfied that the nephritis preceded the syphilis and continued during the further development of syphilitic phe-

nomena. The mercurial treatment used in these cases did not aggravate the symptoms of nephritis.

In his quite recent work on *Urinary and Renal Disorders*, DR. BEALE says, "of all the forms of chronic renal disease, those which are due to syphilis are the most likely to get well." Even in large albuminurias, with considerable and persistent dropsy, improvement may be confidently predicted, and even recovery not uncommonly takes place in the course of a few months.

The treatment in the early stages is that usual for Bright's disease—purgatives, warm baths, and hot air baths. When the albumen is reduced to one-fifth and urine is passed freely, he recommends iodide of potassium, iodide of iron, and other preparations containing iodine. Complete recovery is often thus produced after judicious treatment is kept up steadily for two or three months.

Dr. Beale thinks that the glandular enlargements, of which the kidney is an example, in syphilis, were less common when the mercurial treatment was more in vogue, although he admits that necrosis is less frequent. There can be no doubt that the judicious combination of the alterative with tonic chalybeate treatment in syphilis as contrasted with expectant treatment is calculated to be most serviceable.

SOCIETY PROCEEDINGS.

KENTUCKY STATE MEDICAL ASSOCIATION.

Thirtieth Annual Session, held at Crab Orchard Springs, June 24, 25, and 26, 1885.

(Specially reported for THE MEDICAL NEWS.)

WEDNESDAY, JUNE 24TH.—FIRST DAY.

AFTERNOON SESSION.

ONE of the most interesting and at the same time one of the largest meetings of the Kentucky State Medical Association assembled, at 4 P.M., in the hall of the Springs Hotel, of that historic little town Crab Orchard, near the southern border of the State.

After the call to order, by THE PRESIDENT, PINCKNEY THOMPSON, M.D., of Henderson, and prayer, the members received a cordial welcome from the President of the Crab Orchard Springs and Salts Company.

The address of welcome on behalf of the Committee of Arrangements together with their report, was made by DR. EDWARD ALCORN, of Hustonville.

DR. WILLIAM BAILEY, of Louisville, then read his report, as Chairman of the Standing Committee, on

THE PRACTICE OF MEDICINE.

In review of the important features of the practice of medicine at the present time, he passed a scathing criticism upon the method employed by so many of our leading drug manufacturers for the introduction of their wares to the profession. The sending of samples has reached such proportions as to be of necessity a nuisance to the practitioner. The time has come for the pro-

fession to call a halt upon this custom and to demand that the practitioner shall prescribe the manner in which his remedies shall be prepared and not submit to whatever the fancies of the manufacturer may direct. As a rule these preparations come well attested, so far as the number of certificates is concerned, but all know how and whence such testimonials are obtained and of how little value they are as evidence of the quality of the article to which they refer.

Few subjects at the present season claim the interest that cholera is assuming, owing to its appearance again in Spain. High honor is due, he said, to those fearless investigators who are devoting their time and energies to the discovery of the cause and mode of prevention. The hope was expressed that they may be rewarded by the discovery of facts that shall lead to its prevention or even its cure. The relation between the comma-bacillus and cholera was next considered. Koch, as is well known, has discovered a bacillus for which he claims the origin of the disease. Straus has described a bacillus which he believes the same as that of Koch, but which was found in the alimentary canal of healthy individuals. In the light of recent experiments it is probable that the comma-bacillus is a result rather than a cause of cholera. Why is it, he asked, that the bacilli, if the cause of cholera, are not found in the blood and in all the tissues, just as we know the poison of smallpox must exist.

For the germ theory he expressed admiration, but thought that the whole subject should still be held *sub judice*. In the end we shall probably find that the cause of cholera as well as of dysentery, malaria, and other infectious diseases, is atmospheric and telluric rather than the presence of microorganisms.

DR. DUDLEY S. REYNOLDS, of Louisville, failed to recognize the force of the logic employed: First, he could see no force in the objection to the finding of the bacillus only in the alimentary canal; and, second, he could see no analogy between cholera and smallpox. It is well known, that whatever the cause of the former disease, it produces its results by so irritating the lining of the intestinal tract as to deplete from the general circulation to such an extent as to cause fatal thickening of the blood. Smallpox, on the contrary, is a disease of the blood. The speaker favored the germ theory, and thought that the recent investigations of the epidemic at Plymouth, by Drs. Shakespeare and French, had added much force to the belief that typhoid fever also depends upon the action of a germ.

DR. JOSEPH N. McCORMICK, of Bowling Green, thought the germ theory of the origin of cholera better established than the theory of atmospheric and telluric origin. As an argument for this we need but refer to the fact that the disease does not always prevail with anything like the same degree of severity in different places having, so far as we can discover, precisely the same atmospheric and telluric surroundings when infected at the same time. Special consideration was directed to the outbreaks of cholera in this country in 1873, and in France and Italy last year. In every instance where careful investigation was made of the origin of the disease in any particular district, it was found to be clearly traceable to a previously infected locality.

DR. YEAGER, of Campbellsburg, objected to the germ

theory as not being sufficiently established and placed more importance upon the atmospheric and telluric influences in the production of an outbreak of cholera.

DR. J. B. MARVIN, of Louisville, feared that the essayist had not pursued his studies of the cholera bacillus quite to the extent to which he should have done before making a positive statement of his disbelief in the theory of its causative relation to the disease. There have been described, up to the present time, at least three distinct varieties of comma-bacilli, one described by Koch and two supposed by their discoverers to be the same as he had described. Of only one variety however could it be asserted that it was capable of producing cholera. Koch has not only produced the symptoms of the disease by inoculation with the germs he had discovered but he has cultivated them and produced the same results from inoculation with germs of succeeding generations of the microorganism. In conclusion and in argument for the truth of the germ theory of the disease, the author cited the outbreaks of the disease that have occurred at Mecca. It has been observed that notwithstanding the obligatory presence of large numbers of pilgrims, all obliged as a religious duty to drink of the water of a single well, cholera did not appear until the pilgrims arrived from certain districts where the disease was endemic. Upon one occasion when there were present 100,000 pilgrims, a band arrived from one of these infected districts; the disease broke out within 48 hours and in the space of but a few days had destroyed 15,000 people.

DR. BAILEY, in concluding the discussion of his paper, remarked that he had wittingly made few positive assertions. His object, upon the attainment of which he felt that he had reason to congratulate himself, had been rather to exhibit that wholesome amount of scepticism which is always an incentive to the investigation of a subject and a means of arriving at the truth.

EVENING SESSION.

VICE-PRESIDENT DR. L. S. MCMURTRY, of Danville, being in the chair, THE PRESIDENT, DR. PINCKNEY THOMPSON, of Henderson, delivered the

ANNUAL ADDRESS.

In introduction he congratulated the Association upon its having attained the honorable age of thirty years and upon the large number permitted to be present. Meetings of this sort are profitable in many ways. Here we compare views, and interchange opinions on the causes and treatment of diseases. It is a safe assertion that the physician occupies a position second to no other class of men. An old Roman said, "Men are never so like gods as when their aim is to secure health to their fellow men." The true physician must be upright, truthful, pure, with the sick and with the well.

The remaining portion of the address discussed the evils which are at present sapping the life of society, particularly the errors of education and dress, becoming more and more recognized as responsible for the destruction of the physique of the young, and especially of young women. The building of high, four and five story schools was particularly condemned, on account of the harm resulting from the necessary amount of climbing in going from one recitation-room to another. Bad ventilation of these buildings is another evil of the

greatest importance. In conclusion it was asked, Are we in our daily intercourse with people among whom we practise and who will heed our words, warning them of the great importance of observing all these hygienic laws, especially in the family and school-room. If not, then we have missed a most important part of our calling, and have fallen short of the high ideal of our noble profession.

DR. E. WILLIAMS, of Cincinnati, then read a paper entitled

A PHYSICIAN'S OPPORTUNITY OF BEING AND DOING GOOD.

It opened with severe, but seasonable, attacks upon quackery and the manufacturers of quack nostrums. The essayist then drifted into the discussion of a pseudo-theological system of medicine, in which the physician and minister should walk hand in hand, each aiding the other in his efforts to elevate the spiritual and bodily condition of those by whom he is consulted. The address was full of good practical suggestions for both the profession and the public, and was enlivened by numerous anecdotes and tales of experience.

THURSDAY, JUNE 25TH.—SECOND DAY.

MORNING SESSION.

THE BOARD OF CENSORS

announced that a communication had been received from the Boyle County Medical Society, complaining that two of the members of the State Association from that County were not members of the said County Medical Society, as required by the Constitution. The Board had carefully considered the matter, and had arrived at the conclusion that there was nothing in the communication requiring the action of the State Society, but that the matter properly belonged to the County Society, to which it was referred. It was further the opinion of the Board that the clause requiring membership in a county society as a qualification for becoming a member in the State Association, referred only to the time of becoming a member, and that membership in the latter Association could be continued without continuing a member of the County Society, provided the other requirements of regular standing in the profession were not violated.

THE REPORT OF THE SECRETARY,

DR. S. M. LETCHER, was next read. From a large correspondence with the members of the Association, the Secretary was pleased to report an unabating interest in medical matters, and a prevailing desire for the welfare of the Association.

COMMUNICATIONS.

A communication was read from the Secretary of the American Medical Association, asking the assistance of this Society in securing the passage of an act by the Legislatures of the several States providing for the appointment of State boards of medical examiners. A committee was appointed to consider the best method of complying with the request.

A communication was read from the Committee of the American Medical Association on the Collective Investigation of Disease, asking that a committee be appointed by this Society to coöperate with it.

A communication from the Association of Superintendents of Asylums for the Insane asked that the Society extend its assistance to secure some action that will prevent the immigration to this country of the so-called defective classes of society. A committee was appointed to report the best manner in which to comply with the request.

The Committee on Nominations made the following report of

OFFICERS FOR THE ENSUING YEAR:

President.—J. P. Thomas, M.D., of Pembroke.

Vice-Presidents.—I. A. Shirley, M.D., of Winchester, and R. C. McCord, M.D., of Lebanon.

Permanent Secretary.—J. Steele Bailey, M.D., of Stanford.

Assistant Secretary.—Fayette Dunlap, M.D., of Danville.

Treasurer.—Edward Alcorn, M.D., of Hustonville.

Librarian.—J. S. Taylor, M.D., of Warren County.

To fill vacancies in the *Board of Censors*, S. M. Willis, M.D., of Winchester; J. M. Harwood, M.D., of Shelbyville; E. M. Prenter, M.D., of Midway.

Committee of Arrangements.—S. M. Willis, M.D., Chairman.

Place of next meeting.—Winchester; *time*, the last Wednesday of June, 1886.

The report of the Committee on

GENERAL SURGERY

was read by DR. J. M. MATHEWS, of Louisville.

Before entering upon the history of surgery for the past year, he spoke in pleasing eulogy upon the late Dr. S. D. Gross. The Nestor of American surgery has departed; the mind that has done so much to increase our knowledge has become still. It was a matter of pride to the Association that it had been esteemed as one of his own children by a man so eminent.

The author referred to the leading operations that have attracted attention during the past year. Disinfection, climate, hygiene, and the care of the patient after operation, were credited with as great importance as the operation itself. Since the last meeting of this Society there has been given to surgery a boon second only to chloroform. The field of application of cocaine is wide. A brief consideration of its physiological action followed. The author thought, from his own observation, that the drug prevented to a slight degree the prompt union of wounds made under its action.

A few remarks were directed to the comparative safety and value of the several anaesthetic agents. The reporter preferred chloroform, and thought it about as safe as ether or any of the combinations. Rectal etherization has not proved the boon that it was expected to be.

The several disinfectant agents and the methods of their application were discussed. Referring to the efficiency of disinfectants, he remarked that with our present knowledge of their action it is possible for the surgeon so thoroughly to disinfect himself as to operate fearlessly within a short time after attending a septic case. He also quoted the statement made by Volkmann, in a communication to Dr. George S. French, of Minneapolis, that a man may safely go from the dissecting-room to the obstetric bed. The recent advances of abdominal surgery were described.

DR. W. CHEATHAM, of Louisville, objected to the statement that cocaine deterred to any extent the union of wounds made under its action. He, however, had observed that, in addition to its other properties, it possessed positive styptic properties; but, notwithstanding this, he thought that it rendered the occurrence of secondary hemorrhage a little more likely.

DR. W. F. COOMES, of Louisville, remarked, with reference to abdominal wounds, that interference is generally too long deferred. If he should himself receive an injury of any sort about which there was any hesitancy on the part of the attending surgeon, he should say operate at once. Abdominal wounds will heal as promptly and as thoroughly as wounds of any other part, provided cleanliness is made a cardinal feature of the treatment. Of iodoform he reported that he has used it freely in diseases of the nose, throat, and eye, and considered it of especial value in painful affections. He had found it would relieve promptly the most excruciating pain in the larynx. He then reported the case of a physician who had used it by insufflation in the quantity of two grains every morning for seven weeks, without evil result. But one morning, in about fifteen minutes after its use, he began to suffer from toxic symptoms, dizziness, depressed action of the heart, etc., and this continued at each insufflation as long as he continued to use it.

DR. A. DIXON, of Henderson, then read a paper on

LAPAROTOMY.

He reported a case of abdominal tumor which proved to be a large uterine fibroid, producing ascites. The tumor continued to increase rapidly in size after the reporter first saw it, becoming so large in the course of five or six months as to fill the entire abdominal cavity, rendering surgical interference positively necessary. The operation was performed on the 23d of May, after the method of Schede. The various steps of the operation were described, with special reference to the ligaturing of the pedicle and its separation. The abdomen was carefully cleansed and the edges brought together and secured according to Volkmann's method. The patient rallied well from the operation and had no untoward symptoms until the tenth day after. Her temperature then arose suddenly to 104°. The dressing was removed, and a small quantity of pus flowed from several suture wounds. After removal of the sutures, carbolized water was forced through the openings, washing out a small quantity of pus and necrosed connective tissue. The dressing was reapplied, and this method of treatment was carried out daily during the further progress of the case, with the effect of preventing the return of any unpleasant symptoms. He thought that in this case, as in the majority of such cases, the suddenly arising fever is of an aseptic character, and not pyæmic, as is sometimes supposed.

DR. E. WILLIAMS, of Cincinnati, referring to the remark of a previous speaker, said that he had found the American preparations of cocaine unreliable, and that he now used only that of Merck, of Germany. He had not observed any increased liability to secondary hemorrhage after its use. A case was reported in which his assistant had removed a small dermoid cyst from just above the eye, attempting to prevent suffering by cocaine, but without very good result.

DR. A. M. VANCE stated that his experience with the drug in general surgery had been a little more satisfactory than that of Dr. Williams. By its use he had been enabled to make extensive incisions through the skin, and perform various operations without pain. Its action upon the skin is as certain as upon the mucous membranes.

DR. W. O. ROBERTS stated that his experience with it had not been at all uniform. In some cases it acted admirably, while in others it failed. In operations about the anus, it had no effect at all; but in the treatment of strictures of the urethra, inflammations of the prostate, etc., it acted with certainty.

DR. T. B. SCOTT inquired with reference to the certainty of disinfectants, what degree of exposure a physician would be justified in undergoing before attending an obstetric case.

DR. T. A. REAMY, of Cincinnati, being called upon to answer this question, remarked that the statement of Prof. Volkmann, as repeated by the essayist, that one could go with safety from the dissecting room to attend an obstetric case was not so remarkable as it appeared, inasmuch as it has been repeatedly demonstrated that the germs that infest the dead body are not the same as produce infectious diseases. In proof of this, reference was made to the reports of cases in the late work of Dr. Lusk. The danger is not going from the dead-house, but from the living-house. Can a surgeon go from a case of so-called puerperal fever to a case of confinement? Under no circumstances should a physician in regular attendance upon an infectious case attend a case of labor; but the surgeon who is accidentally called to see such a case, may with safety attend a confinement upon this one condition: It is imperative that, as soon as he shall return from the case of infection, whether he shall have come into direct contact or not, he shall remove from his body every article of clothing, without exception. He must then take a warm bath, being thoroughly scrubbed and shampooed; then another bath in water containing a solution of the bichloride of mercury, or as much carbolic acid as the skin can bear. Then let him don an entirely different suit. This must be done at once, and not several hours after exposure to the contagion. Then, and then only, may he attend a confinement. A case illustrative of this was reported.

A paper on

ORTHOPÆDIC SURGERY

was read by DR. A. M. VANCE, of Louisville. Infantile paralysis is productive of nearly half the cripples we see upon our streets. Such being the case, it is important that we should be possessed of the best possible method of restoring these deformities. The ability to cure them by the ordinary methods is almost *nil*. The apparatuses are usually so cumbersome and so painful as not to be borne by the little cripples, and are cast aside. Brief reference was then made to the leading operations that have been made or suggested for such deformities. The reporter had adopted the plan of excising the joint or angle of bone deformed, and fixing the ends of the fragments so as to secure ankylosis in the most serviceable position. Several cases were reported, in which, after deformities of the ankle, knee, and hip the result of infantile paralysis, excellent results were obtained from the operation.

DR. A. W. JOHNSTON, in making the report of the Committee on

THE SURGERY OF THE GENITO-URINARY ORGANS,

spoke first of the dividing of strictures of the urethra, commencing at the division of the meatus and proceeding backward. One of the most important discoveries in this direction of late years, was that of the relation which exists between the calibre of the urethra and the external diameter of the penis. With regard to the dilatation of these strictures, he agreed with Dr. Otis, that "if you want to get rid of a stricture, you must stretch it to its utmost extent, and cut it while on the stretch." This is the treatment for most cases, but still there is a field for the rapid dilator. Brief reference was made to inflammatory affections about the orifices of the seminal ducts, prostatic, and vesical calculi. With reference to the latter, the opinion was expressed that in the near future, the man who operates for stone, will employ the method of crushing, and rapid extraction, or abandon his practice.

The subject of the next paper was

THE REPORT OF A CASE OF LIGATION OF THE SUBCLAVIAN ARTERY IN THE THIRD PART OF ITS COURSE, FOR TRAUMATIC ANEURISM, WITH SUBSEQUENT INCISION OF THE SAC AND RECOVERY,

by DR. L. S. McMURTRY, of Danville. The patient was a robust man, aged 30 years, who, thirteen months previous to the operation, received a pistol-wound of the shoulder, the ball passing deep in the vicinity of the joint. In a few weeks a small lump appeared in the axilla, which increased in size until at the time of operation, thirteen months afterward, it had reached the dimensions of a child's head. The tumor occupied the entire axillary space, and had burrowed up beneath the pectoral muscles. Paralysis of the arm, forearm, and hand resulted from the pressure on the brachial plexus of nerves, so that this member hung useless at the side. The operation was performed two days after the patient called for advice. A silk ligature was passed around the subclavian artery at the external border of the anterior scaleni muscles. Pulsation was at once arrested in the tumor, and never returned. The radial pulse, which before the operation was feeble and fluctuating, was annihilated. The patient made a prompt recovery without accident or complication. On the twenty-first day, the ligature came away. One month afterwards, the patient returned home and was not seen for four months. After the lapse of this period, the patient again presented himself. The tumor had materially decreased in size and was without pulsation or tenderness. The pressure on the plexus of nerves remained with the consequent paralysis. It was then determined to extirpate the tumor. The patient being anæsthetized, an incision was made and a ligature thrown around the axillary artery on the distal side of the tumor. The tumor was then laid open, the clots removed, and the cavity cleaned. The patient is now making a good recovery, and will soon be able to resume his occupation as a farmer. The speaker said that when the conditions are considered it is not surprising that ligature of the subclavian for axillary aneurism is followed by the frightful mortality of 48 per cent. The operation just described, although embody-

ing the principles of the Hunterian operation, is not far removed from the method of Anel. Indeed, when, as in the case reported, the aneurism extends above the acromial thoracic branch, the circulation through the sac is completely arrested by the ligature. Hence suppuration of the sac and secondary hemorrhage are to be anticipated. Again, the ligature is placed in the vicinity of large branches. These facts explain the high death-rate after the operation. The case reported is an illustrative one and the type of a class of circumscribed traumatic aneurisms resulting from wound of the coats of the arteries. The aneurism in these cases approaches in character the pathological form of the disease, with this important exception, that the coats of the arteries above and below the tumor are not involved and are free from disease. It is this feature which makes this class distinct from idiopathic aneurism so far as prognosis and treatment are concerned. In eight cases of this class cited by Erichsen—aneurisms of the axillary artery resulting from stabs and gunshot wounds treated by ligature of the subclavian—not one fatal result occurred.

DR. W. O. ROBERTS reported the case of a man who was stabbed just above the clavicle. Slight hemorrhage occurred at the time, but it was observed that but little pulsation was perceptible at the wrist, and the arm of the same side was paralyzed. The opposite pulse was feeble and beating at the rate of 140 per minute. When he first saw the case, the wound had healed and there was no enlargement. Upon examination of the chest, the apex-beat of the heart could be distinctly felt just below the right nipple, while percussion of the left side elicited flatness throughout. The man died twenty-four hours after. The autopsy revealed the fact that the knife had penetrated the scalenus anticus muscle and punctured the vessel. Around the seat of puncture was a small traumatic aneurism which had ruptured. There was a large opening into the pleura, and this whole cavity was filled with blood, the lung being pushed back against the thoracic wall.

Another case was that of a man with a large osteosarcoma of the shoulder, which was removed by disarticulation at the shoulder-joint. There was no involvement of the scapula or shaft of the humerus. During the operation very little hemorrhage occurred. The patient did well until the fourteenth day, by which date the wound had healed through the upper two-thirds. Then a slight hemorrhage occurred. Six hours later, there was a considerable gush of blood, which had to be arrested by pressure upon the subclavian. The original wound was then opened, and the hemorrhage was proved to be from the axillary artery. This was ligated *en masse*. Five days later, the hemorrhage again started and the axillary artery was ligatured, with the result of completely arresting the bleeding for two weeks. Then a slight hemorrhage occurred, but was finally controlled by pressure.

DR. M. F. COOMES read the

REPORT OF THE COMMITTEE ON OPHTHALMOLOGY,

in which he reviewed seriatim the more prominent drugs that are employed by the ophthalmologist, with their uses. Nothing especially recent was reported. Among other recommendations, the author advised the use of a solution containing eight grains each of atropia

and morphia in the eyes of delicate females suffering from what he desired permission to call sympathetic glaucoma. The speaker thought the use of the jequirity bean a dangerous procedure at best, and had not himself ventured to try it.

DR. W. CHEATHAM remarked that the term chosen by the author for the affection of the eyes of nervous females, whatever it might be, was a peculiarly unhappy one even if the treatment be proper, for it is a well-known experience that atropia will of itself produce glaucoma. Either the name of the affection should be changed or a more harmonious treatment chosen.

DR. E. WILLIAMS, of Cincinnati, considered inoculation with jequirity as dangerous as inoculation with the virus of gonorrhœa, and not nearly so certain in its results.

AFTERNOON SESSION.

DR. J. A. STUCKEY, of Lexington, exhibited a patient who had received a severe injury to the abdomen by being crushed between the draw-head of a locomotive and that of a freight car. The coupling-pin, weighing seventeen pounds, had been forced through the abdomen, entering at a point about midway between the umbilicus and anterior superior spinous process, and passing out at a corresponding point in the lumbar region. The rent was a large one, and showed marks of having but recently healed.

THE REPORT ON OPHTHALMOLOGY

was read by DR. DUDLEY S. REYNOLDS, who chose as his subject: *The Sources of Error in the Operations Intended to Cure Squint.*

It is necessary, he began, before arriving at any conclusion with regard to the treatment of a persistent squint, to make a thorough investigation of the case, in order to recognize what are the real causes of the trouble. Although there had been a great many speculations concerning this, Donders, in the early part of this century, was the first to recognize the more important causes of it. Graefe was the first to recognize the importance of the discovery, and to apply to it a better mode of treatment than had been employed. The reporter then reviewed the various causes of strabismus: errors of refraction and accommodation, troubles of nutrition, troubles in the sensorium, opacities of the cornea, affections of the coats of the eye or of the vitreous humor, etc. For the relief of such cases, it was recommended first of all to relieve whatever errors there might be in the accommodation by the use of properly adjusted glasses. The operation for squint should not be made unless the affection is single. After describing in brief the methods of operating, the author concluded with the advice to treat all squints as soon as possible after they begin to develop, the operative procedure being reserved for cases which have existed too long to be relieved by other means.

DR. CHEATHAM remarked that he made it a rule never to operate upon these cases until the child has become old enough to wear glasses for the correction of the difficulty, unless the sight is failing rapidly.

DR. E. WILLIAMS thought that the cases of complete recovery from squint are not numerous. The result from alternating squint more frequently completely recovers than single squint. There is some etiological element in many cases of squint which is not explained

by reference to errors in refraction. There seems to be a want of natural balance between the muscles.

ACUTE CATARRH OF THE MIDDLE EAR, AND ACUTE SUPPURATION OF THAT ORGAN,

was the subject of the report on Otology, by DR. W. CHEATHAM, of Louisville.

To bad management can be traced nearly all the chronic cases of suppuration from the middle ear, and the two are in a great measure the cause of many cases of great suffering and finally death. The paper was for the most part clinical, embodying the reports of a large number of cases that had come directly under the observation of the author. For the relief of acute inflammation of the middle ear with severe earache, the speaker recommended the use of the aural fountain-syringe or douche, with plenty of hot water, its use to be continued for some time. The point of the tube should be long enough to pass well into the ear. In conclusion, the hearers were cautioned against the use of poultices. They should never be used until all other measures have failed.

THE REPORT ON PHARMACY

was read by DR. J. P. THOMAS, of Pembroke. It began with a review of the leading discoveries in the field of *materia medica* during the past two years, then passed to the consideration of the leading pharmaceutical preparations that have of late appeared. The author strongly condemned the practice of too many of our manufacturing pharmacists, who devise a new remedy or preparation and procure for it a list of recommendations from unreliable sources, giving it the appearance of having been proved.

DR. J. A. LARRABEE, of Louisville, then read the report of the Committee on

DISEASES OF CHILDREN.

The relations of malnutrition and pneumonia severally to the etiology of children's diseases were first considered; then the more common factors of bad hygiene. While we do not see the sad pictures in the faces of children in this country that are witnessed in foreign countries, it will not be long before restraining legislation will be required by such a condition of affairs. Children should be prevented from engaging in work in shops at too tender an age.

The question of feeding is one of the most important we have to consider; in large institutions it is of the utmost importance. As high as ninety per cent. of mortality has been reported from some of the foundling hospitals, the majority of which was due to improper feeding. In the hospital at Louisville, where mother's milk is alone used, the mortality has been but five per cent. No perfect substitute for this has yet been devised. Another great error is the overfeeding of children—a very frequent source of trouble.

Cholera infantum was next considered. In referring to its etiology, the author remarked that the term *thermal*, as applied to the disease by Dr. Wood, was scientifically correct, inasmuch as it is more closely allied to sunstroke than to any other affection. This was proved by the result of the therapeutics applied to it by the same author.

The treatment is all-important. Hypodermic medication should be almost exclusively resorted to, giving

in the early stage a solution of morphia and atropia. A single injection of the proper quantity will, in most cases, cause a halt of the symptoms, even when the child is in a state bordering on collapse. The salicylates of lime and soda are the best remedies that have been proposed.

Diathe sis and cachexia are to be carefully considered in all cases. Many a child is lost while its disease is properly treated by its name, because the peculiar diathesis is not recognized.

Nothing is more frequent in childhood than fever. It is not, however, as a rule very severe. Most fevers have their origin in the intestinal tract. The essayist held the opinion that most cases of malarial and intermittent fevers reported in children are in reality cases of typhoid. The reason that infants so seldom have typhoid fever is not because of the supposed non-development of the Peyer's glands, but because, as proposed by Gebhardt, the poison of typhoid fever enters the system through drinking-water, and infants drink less water than adults or children. This view is supported by the fact that typhoid fever occurs most frequently at the age when children drink the most and with the least discrimination of water.

Diphtheria, its etiology and treatment, was made the subject of especial comment; and a case was reported in which tracheotomy was followed by recovery, in a case of croup. No advance, however, has been made in the treatment of this disease.

In conclusion, he remarked that more learning and less medicine is needed in the treatment of the diseases of children. Plenty of good food, fresh air, sunshine, and good nursing, with now and then a dose of castor oil, is about all that is required to raise a child.

DR. WEBB inquired more particularly with regard to hypodermatic medication, especially with reference to the dose for an infant. Several years ago he had employed this method in treating a case of this kind, with the most satisfactory result.

DR. HOWARD remarked that the line should not be drawn between children raised on the bottle, but between children raised in the city and those raised in the country. We do not kill them that way, he said, in the country. He would prefer the chances of raising a child by the bottle in the country to letting it nurse a delicate mother.

DR. P. B. SCOTT said that the chief reason for the greater mortality of children raised in the cities over country children lies in the fact that in the country there is plenty of good milk and fresh air. He thought the closest line should be drawn around the feeding of children, both as to the quantity and the quality of the food.

With reference to the hypodermatic medication of children, he said that the same remark had been made by the essayist at the County Medical Society, and with a sort of "eureka" air. He had employed the method some years ago with success, but he did it with fear. He was further curious to know what advantage could be derived from the combination of morphia and atropia. Morphia is, to say the least, one of the most dangerous remedies that can be used in childhood. It should not be used in combination with other remedies, but given separately.

DR. WILLIAM BAILEY remarked that the subject of feeding might be summed up in the statement that the most direct way of starving a child is to overfeed it. He further asked, is not the real cause of the symptoms resembling inflammation of the brain in cholera infantum anæmia of the brain? If this be true, we should abstain from the administration of the bromides, but rather give opium and remedies which tend to congest, and keep the head low.

DR. PINCKNEY THOMPSON thought the greater part of the blame for diseases of children in cities lies at the door of unhealthy mothers. As far as the lacteal secretion is concerned, the woman can be compared to any other animal. If an animal is kept constantly irritated and restless, its milk is of no nutritive value, and just so with a weak, nervous, irritable woman.

DR. LARRABEE, in concluding the treatment, expressed agreement with the statement that anæmia of the brain is the cause of the cerebral symptoms of cholera infantum. It reply to the inquiry about the dose of morphia and atropia, he stated that he used the hypodermic pellets containing one-fourth of a grain of morphia and one-sixtieth of a grain of atropia, making a solution at the time of using, and injecting enough of the solution to contain one-two-hundredth of a grain of morphia and about one-six-hundredth of a grain of atropia. This, for an infant under a year.

DR. W. O. ROBERTS, of Louisville, read a paper on

HERNIOTOMY,

containing a report of a large number of cases, illustrating the different modes of operating and their relative advantages.

EVENING SESSION.

DR. J. MORRISON RAY, of Louisville, read a paper on WOUNDS OF THE ANTERIOR SEGMENT OF THE EYEBALL.

A number of cases of this accident were reported as having come under the observation of the essayist at the Manhattan Eye and Ear Hospital, New York. The points raised had reference to the treatment and its results. The cases illustrated for the most part the great extent to which the reparative process may operate when but little interference is made.

DR. CHEATHAM then read a paper entitled

NEURO-RETINITIS ALBUMINURICA.

After reporting several cases in which the lesions about the optic disk and retina could be readily recognized with the aid of the ophthalmoscope, he described the characteristic optic lesions found in descending neuritis. Retinitis is frequently associated with Bright's disease occurring, according to the best authorities, in about seven per cent. of all cases, and most frequently in the cirrhotic kidney. The micro-pathological changes in the retina were then described at some length, showing that the lesion is a combination of cirrhotic proliferation of connective tissue and fatty degeneration. Several illustrations were, at the close of the report, thrown upon a screen with the magic lantern.

PRIMARY LATERAL SCLEROSIS OF THE SPINAL CORD was the title of the next paper, by DR. J. B. MARVIN, of Louisville.

This affection is rare, and has been described only recently. It comes on gradually, and is symmetrical in its development. The sclerosis is not a secondary degeneration due to any lesion in the cord or brain. It is a disease of adult life, occurring between twenty and fifty, and more frequently in males than in females. The real cause is unknown, but it is thought that the neurotic temperament plays an important part, and probably syphilis does the same. High fevers, especially typhoid, are among the causes. Grundelli, of Rome, reported eleven cases occurring in the vicinity of that city. It seems usually to attack robust individuals. It is attended with loss of power, and muscular rigidity and twitchings, and an increase, at first, of the muscular reflexes. The patients are well nourished, and there is no disturbance of coöordination. There are no sensory disturbances, and no disturbances of the vesical or rectal muscles, showing that the lesion must be limited to the lateral tract of the cord. In the few post-mortems that have been had, little or no evidence of disease has been obtained.

The disease was first described by Charcot and Erb, and by Seguin in this country. The only specimen supposed to be in existence, was exhibited at the last International Congress, and is the property of Drs. Dreschfield and Morgan, of England. The disease seems to commence in the connective-tissue fibres, compressing the nerve-fibres, and ultimately destroying them. The symptoms occur much more frequently as a secondary affection.

The diagnosis of lateral sclerosis is easy, the only question being, Is it primary or secondary? It is in practice most frequently confounded with transverse myelitis: It is probably the most chronic of all spinal affections, for it does not of itself shorten life. It however produces serious complications. It may extend to the anterior columns, causing paralysis, which in turn gives rise to bedsores, malnutrition, and finally death. As regards recovery, the pathological changes would appear to preclude the possibility of it, but such cases have been reported.

At the conclusion of the report, several photographic preparations of the spinal cord, in health, in posterior sclerosis, ascending myelitis, and finally in lateral sclerosis, were thrown upon the screen. The microscopic appearance of the specimen from the case of Dreschfield and Morgan was thus demonstrated. A specimen prepared by the author from his case was then shown under the microscope, exhibiting (though not to the same degree) the same lesion.

DR. ORPHEUS EVERETS, of the Cincinnati Sanitarium, College Hill, Ohio, read a paper on

OVERWORK AS A CAUSE OF INSANITY.

The paper began with a physiological study of work and overwork; the natural relation between work and rest. Few cases are brought to an asylum without the explanation that the individual has overworked. Such an explanation serves not only to flatter the vanity of the patient and his friends, but also thoroughly to conceal the real cause. Several cases were reported which illustrated in a striking degree what was meant by this. Intemperance and excesses of various kinds were shown to be the cause in cases where the habits of the individual were supposed to be the most exemplary. In

conclusion, it was asserted that as a cause of insanity, overwork occupies a place of little importance. This conclusion was arrived at after many years of experience in that branch of practice.

DR. M. F. COOMES remarked that, in his opinion, a great many cases of insanity are due to inanition, caused by the habits of business men, who closely apply themselves during the entire day without giving themselves time to eat and digest their meals. It should always be a rule never to go to bed hungry.

STRYCHNIA AND MERCURIC BICHLORIDE IN THE TREATMENT OF PHthisis

was the subject of a paper by DR. T. D. FINCK, of Louisville. Several cases were embodied in the report, in which these remedies had been given in the dose of a thirty-second of a grain three times daily, with the most satisfactory results. In one the process of disintegration had already begun; in all the fever and night sweats disappeared, the appetite returned, nutrition increased, and all the symptoms but the cough were relieved. A brief review of the probable physiological action of the remedies was given in conclusion.

DR. D. S. REYNOLDS directed attention to the recent reports of German investigators as to the power of the bichloride of mercury in restraining disease, and further to the fact that ever since the discovery of the bacillus tuberculosis it has been found that that germ existed in large numbers in the lymphatics, and in the secretions of the air passages of individuals suffering from the so-called post-nasal catarrh. The speaker had of late observed that the constitutional use of the bichloride of mercury would in a short time clear away this affection.

DR. STUCKEY, of Lexington, reported good results from the use of this treatment.

DR. LETCHER reported that he had found the bichloride very useful in arresting the diarrhoea of phthisis.

At the close of the session a banquet was tendered the guests; a very enjoyable evening was spent.

FRIDAY, JUNE 26TH.—THIRD DAY.

The greater part of the last session was occupied with the appointing of committees and delegates to various societies, and hearing of reports.

The Committee appointed to consider the subject of

STATE BOARDS OF EXAMINERS

reported that the conditions stated in the communication were, in the State of Kentucky, impracticable. They recommend, however, that the legislature be petitioned to pass an act requiring all physicians practising in the State to register in the Clerk's office in each county, a diploma from a reputable medical college. This could be done, but anything more stringent would fail.

DR. JOHN G. CECIL read a paper on

MASTITIS.

The principal recommendations of the paper referred to treatment. The author advocated rest as the best method of treatment, and superior to all applications. The milk-pump must not be used. The idea that the child must be put to the breast immediately is an erroneous one, and capable of doing much toward the development of inflammation.

DR. THADDEUS A. REAMY endorsed the leading points of the paper, and reported twenty-two cases occurring at the Good Samaritan Hospital, Cincinnati, where the child was taken from its mother shortly after birth. In eight he had employed the belladonna plaster; in fourteen, nothing; in none of them did an abscess develop. Fissures are a cause of mastitis, but they should be let alone.

DR. F. C. WILSON, of Louisville, exhibited several new inventions for the operation of tracheotomy. One of them for which he claimed especial advantages was so constructed as to admit of its being forced into the trachea at one plunge. A number of other patterns were shown. The speaker stated that his object was to elicit suggestions that might lead to improvements.

FRACTURES OF THE FEMUR

was the title of a paper by DR. P. S. CONNER, of Cincinnati.

The frequency of its occurrence, the gravity of the often-arising complications, and the rarity of its satisfactory repair, give never-failing interest to the subject. Occasionally met with in middle life, possibly even in childhood, it is one of the common accidents of old age. For this there is good anatomical reason in the increased brittleness of the bone, dependent upon senile rarefaction, and not, as is commonly stated, upon any change in the relation of earthy and animal constituents. The break may be located anywhere between the head and the intertrochanteric lines, the degree of obliquity depending in part upon the structure of the neck, but in great measure also upon the direction of the breaking-force. The literature of the profession is full of the discussions, at times acrimonious, upon the subject of intra- and extra-capsular fractures, their relative frequency, differential diagnosis, and appropriate methods of treatment. But practically this is of little or no value. It is impossible to tell in a given case, except by inspection of the joint, whether the fracture is in part within or partly without the capsule. Owing to the peculiar anatomical relations of the capsule, all are intracapsular in front, but behind some are and some are not, and, so far as the speaker knew, there is no way of determining during life which class of fractures he has to deal with. The wise course is to stop with the determination of the existence of a neck fracture, and to treat all cases as if complete repair by bone might be expected.

Dr. CONNER then objected to the common explanation of the occurrence of ligamentous union on the ground of the deficient blood-supply to the upper fragment. If sufficient to maintain the health of the bone, it should be sufficient for the requirements of repair. This, with the other explanation that there is present too much synovial fluid, can have little effect in the prevention of union. The all-important cause is want of proper apposition of the fragments, and failure to keep them quiet—one or both. Best adapted to this end is the immovable dressing. This, to satisfy fully the requirements of the case, must embrace not only the thigh but the pelvis also, or at least half of it. And just here lies the difficulty in applying such dressings. The plaster-of-Paris dressing is for many reasons the best, but this must be applied so as to exert no undue pressure on the region of the genito-crural furrow. To

apply it properly over the whole gluteal region and hold it there, requires an additional girding of the upper part of the opposite half of the pelvis, or the carrying of the supporting dressing obliquely around the body, across the opposite lumbar region. Even if the immovable dressing is properly applied, there is always a chance that in consequence of the wasting of the limb, sufficient loosening will occur to permit some displacement of the fragments, to prevent which, the weight and pulley treatment may be added.

Applied early, the immovable dressing saves the patient much suffering, and permits with safety all necessary changes of position. From increasing experience, the author has become convinced that by the careful application of this dressing we can secure better results to our patients and to ourselves than in any other way, and he further believes that in a large proportion of cases recovery will take place with a limb of good functional value. In conclusion, it was suggested that perhaps in the future it will be clearly shown that the rare occurrence of bony union in the past has been simply because the fragments of the broken femoral neck have not been kept steadily in apposition, but have been allowed to separate and play upon each other so that only an imperfect ligamentous repair has been possible.

DR. R. M. FERGUSON, in a paper on

THE TREATMENT OF CROSS-EYES,

considered chiefly the classes of cases fit for an operation and those which should be treated by other methods. Little was added to the remarks already made upon this subject. A thorough knowledge of all features of the case was deemed of the greatest importance.

After appropriate votes of thanks to officers and the proprietors of the resort, the Association adjourned to meet at Winchester, on the last Wednesday of June, 1886.

MICHIGAN STATE MEDICAL SOCIETY.

Twentieth Annual Meeting, held at Port Huron, June 10 and 11, 1885.

(Specially reported for THE MEDICAL NEWS.)

WEDNESDAY, JUNE 10TH.—FIRST DAY.

MORNING SESSION.

THE meeting was called to order by THE PRESIDENT, DR. DONALD MACLEAN, at 10 A.M., and GEN. WM. HARTSTUFF delivered an address of welcome.

DR. O. B. CAMPBELL then read a paper on

MIGRAINE.

He said that etiologically migraine is a "constitutional neurosis," with a strong hereditary tendency. Its symptoms are caused by vascular disturbances.

We have three elements: 1. A tendency (often hereditary) to nervous exhaustion. 2. Spasmodic anaesthesia. 3. Irritative hyperæmia.

When an attack is impending croton chloral, caffeine, etc., will sometimes abort it. In the spasmodic stage nitrite of amyl, or morphia hypodermically, is of service. In the hyperæmic stage a combination of ergot, hydrobromic acid, and caffeine should be used. The

neurotic element of the disease should be treated between the attacks by cannabis indica.

DR. SMART, of Hudson, advocated perfect rest for the patient in a dark room away from noise. The prolonged use of small doses of arsenic as a tonic and alterative he believed is beneficial. Cannabis indica, hydrate of chloral, nitrite of amyl, and bromo-caffiene, bearing in mind the physiological effects of each, may often be used to advantage.

DR. H. O. WALKER, of Detroit, then read a paper on

EXTERNAL PERINEAL URETHROTOMY,

with a report of five cases that he had operated upon successfully since the last meeting of this Society. The details were dwelt upon at length, emphasizing the necessity of thoroughly dividing all strictures the entire length of the urethra, together with sufficient dilatation of the prostatic urethra, so as to admit the index finger and permit of exploration of the bladder. He also exhibited a new urethrotome with filiform attachment, a prostatic divulsor, and beaked triangular-shaped urethrotomy knife, which he had devised for this operation.

AFTERNOON SESSION.

DR. T. A. McGRAW, of Detroit, presented two patients, from one of whom he had removed the left parotid gland, and from the other had removed the left clavicle. The results in each case were most excellent.

DR. LUNDY, of Detroit, then read a paper upon

IRITIS: ITS RELATION TO THE RHEUMATIC DIATHESIS, AND ITS TREATMENT.

His views did not coincide with those recently expressed by Sir Jonathan Hutchinson regarding the extreme rarity of iritis in connection with either acute or chronic rheumatism. The author had frequently observed iritis in persons who were either actually suffering from rheumatism, or who were of an undoubted rheumatic diathesis. While Sir Jonathan Hutchinson's views might be correct so far as observation in Great Britain was concerned, they do not, in the author's opinion, agree with the facts observed in this country. Several interesting cases were reported in which great benefit was obtained from the free administration of sodium salicylate. When given in large doses the influence of the salicylate in controlling pain was remarkable. In some instances leeches, atropine, and moderate doses of sodium salicylate had no influence in controlling pain, but when large doses of the salicylate were given—forty to fifty grains—the pain was relieved as if by magic, and seldom returned. The author found the dilatation of the pupil by atropine much more easily attained after the use of large doses of the sodium salicylate. Whenever there exist great ciliary pain and irritation, it is difficult to dilate the pupil. This is the case even if no iritis exists. Whatever relieves the pain and irritation in the ciliary region removes two influences which militate powerfully against the action of a mydriatic. This the salicylate of sodium will do when the iritis occurs in a rheumatic subject, but it is necessary to produce the fullest physiological action of the drug. Smaller doses may suffice if the joints alone are involved, but when iritis exists there is "danger in delay." While internal medication is of great importance, when iritis is due to some constitutional or general disease,

the local treatment must always be of the first importance. Atropine, four to eight grains to the ounce, should be instilled four to six times a day. We should aim to dilate the pupil as quickly and as fully as possible. If the pupil is well dilated, no adhesions will form between the posterior surface of the iris and the lens capsule. When the pupil is well dilated the iris is compressed into a comparatively small space, and the blood is, so to speak, squeezed out of the vessels. The effect upon the iritic inflammation is the same as would occur from cutting off the blood-supply from inflamed parts elsewhere. The abstraction of blood from the temple by means of the artificial leech is also advisable. Absolute rest of the eyes is imperative, and they should be protected from light.

DR. G. K. JOHNSON, Chairman of the Committee on

REORGANIZATION OF THE SOCIETY,

then rendered his report. It recommended amendments to the Constitution and By-Laws now in force, providing for making the Society a delegated body, and for Sections on Medicine, Surgery, Obstetrics, etc., to hold in certain cases separate sessions. The report was accepted and laid over one year, under the rules.

DR. J. H. CARSTENS then read a paper on

STERILITY.

He discussed very ably the causes of sterility and its treatment, and claimed that its cause existed in the male oftener than is generally supposed, and that where no perceptible cause existed in the wife the cause should be looked for in the husband.

DR. DUNSTER, in discussing the paper, said that the subject had been so well treated that there was but little left to be said upon it. The author had, however, omitted to mention vaginismus, which was not an unfrequent cause of barrenness. The secretions of the vagina are sometimes fatal to the spermatozoa; that many of the physical conditions causing sterility are beyond the control of the physician and surgeon.

DR. OCTERLONY, of Louisville, said a non-retentive vagina, such as sometimes exists as a result of a lacerated perineum, and again in cases where no apparent disease exists in either the male or female, the cause might be found to be the passage of the semen with the urine. Want of vitality in the man or woman, or both, or certain idiosyncrasies, may be causes.

EVENING SESSION.

The President announced the following Committee on

NOMINATION OF OFFICERS

for the ensuing year, viz.:

J. H. Bennett, of Coldwater; Eugene Boise, of Grand Rapids; E. Snow, of Dearborn; C. J. Lundy, of Detroit; G. F. Heath, of Monroe.

The President then delivered his

ANNUAL ADDRESS.

He began by giving something of a history of his medical and surgical training, and he thought that a man who had been a teacher for years, and a successful practitioner of medicine and surgery for twenty-four years, was entitled to an opinion, and the right to express it. He related some cases which had come to him

for treatment, and supported the idea which had been advocated regarding the establishment of a central hospital for Michigan. This hospital should be located where it would do the most good for the masses of the people. It should be supported entirely by the State, and open to all people on equal terms. He was very grateful to the profession of Michigan, and more especially to the Michigan State Medical Society, for electing him as the President of the Society.

THURSDAY, JUNE 11TH.—SECOND DAY.

MORNING SESSION.

DR. SMART presented a report for the Committee on MEDICAL LEGISLATION,

with a draft of a bill, and recommended its endorsement.

As a number of amendments were proposed and as considerable time was likely to be consumed in its discussion, on motion of Dr. Whelan, a committee of five was appointed by the President to revise it, and report upon it at 2 o'clock P.M. The President appointed as such committee Dr. Whelan, Dr. Nothingham, Dr. Shepard, Dr. Sharley, and Dr. Smart.

DR. SMART moved that a Committee on State Sanitation be instructed to take such means as are necessary to secure the passage of a bill by the State Legislature, forbidding the

SALE OF NOSTRUMS AND PATENT MEDICINES

unless the composition is on the labels. Carried.

PROF. A. B. PRESCOTT, of Ann Arbor, then read a thoroughly practical paper entitled

SHOULD PROPRIETARY MEDICINES BE REQUIRED TO GIVE AN ACCOUNT OF THEIR CONTENTS.

He took a plain, straightforward view of the matter, and thought that a person who bought any article of merchandise was entitled to know just what he bought, and that it was of good quality and not dangerous to life or health. In France, the maker of any compound is required to bring it before the Academy of Medicine for chemical analysis and therapeutic test before it can be placed before the public, and it seemed to the writer that the people of the State of Michigan were entitled to protection from the imposition of designing mixtures of medicines just as much as any other people, and he hoped that Congress and the Legislatures of the several States would take the matter under consideration.

AFTERNOON SESSION.

DR. VAUGHAN moved that Dr. Hingston, of Montreal; Dr. Ochterlony, of Louisville; Dr. Morse, of Ohio; Dr. Moorhouse, of London, Ontario, be elected

HONORARY MEMBERS

of the Society. Carried. Dr. H. E. Smith moved that Dr. Samson, of Ontario, be elected honorary member. Carried.

The Committee on Nominations presented the following list of

OFFICERS FOR THE ENSUING YEAR:

Vice-Presidents.—Drs. P. D. Patterson, J. B. Griswold, J. H. Carstens, and A. W. Alvord.

Treasurer.—Dr. A. R. Smart.

Members of the Judicial Council.—Drs. J. H. Bennett, Wm. Brodie, and E. S. Dunster.

On motion, the report was accepted and adopted.

DR. BENNETT in a few complimentary remarks nominated Dr. E. P. Christian, of Wyandotte, for

PRESIDENT

for the ensuing year. Dr. Snow supported the nomination. On motion, the Secretary was instructed to cast the vote of the Society for Dr. Christian, which duty being performed, President MacLean announced that Dr. Christian was unanimously elected President.

MISCELLANEOUS BUSINESS.

THE SECRETARY and TREASURER then rendered their reports. A balance of \$914.17 is in the Treasury.

DR. I. E. BROWN moved that the usual *honorarium* of \$100 be voted the Secretary for his services during the past year. Carried.

DR. HEMENWAY, of Kalamazoo, then read a paper upon the

HYGIENE OF STUDENT'S EYES.

He said that from the continued use of the eyes at near vision, myopia, congestion, and inflammation of the eyes, atrophy of the coats posteriorly, and even soft cataract may result.

To keep the eyes in good condition they should be used at near and distant vision alternately.

They should be used less at near vision by those in poor health and by the young, than by the strong, vigorous, and more advanced in age.

Those who are obliged to use their eyes much at near vision, should have a pair of suitable convex lenses, and as soon as pain or a tired feeling about the eye give indication that the organs are being overtaxed, the spectacles should be used. By use of such lenses the eye is put in a state of rest, and myopia and other troubles may be prevented.

Myopia when once acquired can never be cured.

The general health must be cared for, especially the alimentary canal. The eyes will not do good work while the system is not in good condition. As soon as ocular disease shows itself, it must be carefully treated.

DR. C. M. STOCKWELL, of Port Huron, then read a paper on

FUNCTIONAL PARALYSIS (MOTOR AND SENSORY) OF THE EXTREMITIES, DUE TO MALARIAL POISONING.

A record of seven cases was given, six of them were under the writer's care, and were cases observed during the past six years. An analysis of the cases showed:

Various functional disturbances of the nerves in the extremities, shading from a slight coldness and numbness on the one hand to complete loss of both sensation and motion on the other. All four extremities, from the elbows and knees down, were involved in five of the seven cases, the lower extremities alone in one other, and the most of one side in the remaining one. The latter two were cases of both motor and sensory paralysis. The others were chiefly, if not entirely, cases of sensory paralysis. The region over the mental foramen was implicated in three cases; the tongue was attacked in one. The attacks, almost without exception, occurred in the spring and fall.

Imperfectly drained surroundings, cold, dampness,

over-exertion, and worry, aided in producing the disease and in retarding recovery. Nearly all attacks occurred in the first half of the day. Increase of temperature and pulse was not marked in any case, and almost absent in some. The intellectual faculties were disturbed in no case. No tenderness over any part of the spine could be found. The periodicity was marked, being either quotidian, tertian, or weekly. In one case a paroxysm came on each Thursday morning for eight successive weeks, lasting not over twenty-four hours. In another the paroxysm came on every Tuesday about noon for four successive weeks, besides showing a tendency to recur every other day for one of the weeks.

The cases yielded readily to antiperiodics, and recovery was perfect, and restoration of functions complete.

DR. KIMBALL, of Jackson, invited the Society to hold its

NEXT ANNUAL MEETING

at Jackson.

DR. WHELAN moved that, when the Society adjourns, it be to meet at Jackson, on the second Wednesday of June, 1886. Carried.

After the passage of the usual resolutions of thanks, the Society adjourned at 4 P.M.

NEWS ITEMS.

BOSTON.

(From our Special Correspondent.)

THE INTERNATIONAL MEDICAL CONGRESS.—The following gentlemen have requested to have their names appended to the list of signers to the resolutions adopted in Boston declining to hold office in the proposed Congress as now organized, which appeared in THE NEWS of last week, page 53:

O. W. Holmes, Boston,	G. P. Conn., Concord, N. H.
William H. Baker, "	F. H. Gerrish, Portland, Me.
David W. Cheever, "	S. C. Gordon, "
James C. White, "	E. P. Hurd, Newburyport, Mass.
William F. Whitney, "	Nathan Allen, Lowell, Mass.

THE INTERNATIONAL MEDICAL CONGRESS AND THE MEDICAL PROFESSION OF WASHINGTON.—At a meeting of medical gentlemen, held in Washington, D. C., July 11, 1885, the following preamble and resolution were adopted:

"Whereas, Certain changes have been made in the constitution and organization of the Ninth International Medical Congress, which seems to us unwise, injurious, calculated to bring the profession into disrepute, and to endanger the success of the Congress; therefore,

"Resolved, That we, the undersigned, decline to hold any position under the said Congress as now organized."

Joseph Taber Johnson,	S. C. Busey,
W. W. Johnston,	H. C. Yarrow,
Swan M. Burnett,	A. F. A. King,
B. F. Pope, U. S. A.,	Frank Baker,
E. Carroll Morgan,	D. Webster Prentiss,
J. Ford Thompson,	S. O. Richey,
D. L. Huntington, U. S. A.	

RESIGNATION FROM THE NEW COMMITTEE ON THE ORGANIZATION OF THE INTERNATIONAL MEDICAL CONGRESS.—We are informed, that Dr. George J. Engelmann, of St. Louis, a member of the original Committee

of seven, has forwarded his resignation to the new Committee.

PUBLIC OPINION ON THE WORK OF THE CHICAGO COMMITTEE.—It was scarcely to be expected that those eminent physicians of Philadelphia, whose action in regard to the organization of the Ninth International Medical Congress we recorded last week, would find themselves alone in the resolve to stand aloof from a gathering which, as is constantly growing more and more manifest, will be an international Congress only in name. As will be seen by our news columns, Boston and Baltimore have promptly followed suit, and, like the Philadelphia resolutions, those passed in Boston and Baltimore are signed by men whose names are indissolubly connected with American medicine. Whether organized action of like significance will be taken in New York and elsewhere, it is impossible to say, but this much is certain, that some of the New York men, whom the new committee of the American Medical Association placed among the officers of Sections, have no sympathy with the ostensible motives—far less with the real motives—which led a little band of malecontents to plot the destruction of the Washington meeting. Even if those gentlemen do not formally express their feelings in the matter, there can be no doubt that they will abstain from any participation in the Washington meeting.

That the wreck of the Congress of 1887 has not been irretrievably wrought, we can see no reason to hope.—*New York Medical Journal*.

This action of the Association can be justified by no reason or argument, and the superlative folly of it is quite beyond the reach of adequate characterization.—*Medical Record*.

The Committee did the work expected of it, and with less malice than would have been possible, but with sufficient thoroughness, we fear, to put an end to the prospects of a successful and creditable *International Congress*. Numerous changes and additions were made in the officers and members of Councils of the different Sections. These honors are issued as plentifully as fiat money after a *coup d'état*, and the various geographical divisions of the country are impartially besprinkled with them.—*Boston Medical and Surgical Journal*.

The new Committee has performed the most stupendous work of supererogation ever exacted from a body of intelligent men. We are totally unable to see how the fortunes of the Congress have been a tithe benefited by the changes made. On the contrary, it has suffered immensely in the eyes of all unbiased thinkers by this unnecessary controversy about representation on Sections and "New Code" principles. As the Congress now stands organized we much doubt its ability to attract that attention as a scientific body it was entitled to. How can those men interested in pure science feel that same interest in the fortunes of an organization handicapped with contentions for offices and ethics, and weighted down with that ponderous body, the American Medical Association? It is truly an unfortunate circumstance which has happened to impair the usefulness of the International Medical Congress. Whilst we still trust that wise councils will prevail, that bitter differences will subside, that men will consent to work together in harmony for the success of the Congress, it seems quite clear to us that the Ninth International

Medical Congress cannot take the position it would have assumed under its first organization.

It is a sad commentary upon the status of the profession in America that a petty squabble for a few positions should have marred what had promised to be one of the most noted scientific meetings ever held on American soil. What view our trans-Atlantic brethren will take of this status of the Congress it is not difficult to surmise. We presume that the American Medical Association will enjoy the banquet it has prepared to its own eminent satisfaction, whilst the rest of the profession will look on from a distance. We cannot but deplore the present outlook, and profoundly trust that the final result will be more satisfactory than present indications would seem to warrant.—*Maryland Medical Journal*.

We believe the whole trouble has arisen from personal grounds on the part of a few who were overlooked when the places of honor were distributed. It was purely a fight of the "outs" against the "ins," and now that the "outs" have gained the field, the existence of the Congress is jeopardized.

It cannot be claimed that the American Medical Association at New Orleans represented the medical profession of this country, or if the claim be made it is a laughable one. And it cannot be denied that the American Medical Association, with every similar body in the country, is more or less ruled by coteries and cliques. The situation is a deplorable one for the good name of the medical profession in America. Our European brethren will hesitate to attend the Congress at Washington in very large numbers, for they will have reason to fear that the factional feeling and jealousies of certain members of the "rule or ruin" party in the American Medical Association will carry their fight into the Congress itself.

What is to be done to remedy the trouble, and preserve the good name of the profession of America? We do not know; perhaps the best thing that could be done would be to notify the Executive Committee of the last Congress that, owing to the war ranging in the United States, the next Congress should be held elsewhere, either in Europe or Canada.—*Peoria Medical Monthly*.

However proud the West and South may be of their great lights in medicine, it is a fact which need not be minced that these are not numerous. 'Tis true that we can boast of many learned and brilliant men; but, nevertheless, the fact holds, that our original investigators in medical science, and the writers of our classic medical books, are, with a few exceptions, residents of our eastern coast cities. These are the men who have made the fame which American medicine enjoys beyond the sea, and these are they whom distinguished foreigners will expect to meet at the coming Congress. If, therefore, the names of our most eminent authors and discoverers do not appear upon the published statement of the rules and preliminary organization of the Ninth Congress, we need not look for any distinguished delegation from abroad.

The whole blame must rest upon the shoulders of the American Medical Association, who, after appointing a committee of seven wise and eminent men to arrange the preliminary work of the Congress, should have consented to question their judgment and meddle with their

work at the instance of a few disaffected but persuasively eloquent fellows.

At the next meeting of the Association there will doubtless be made a sublime attempt to undo the mischief, but nearly two years will then have been lost, with many, if not all, opportunities for making the Congress a brilliant success.—*Louisville Medical News*.

NOTES AND QUERIES.

THE INTERNATIONAL MEDICAL CONGRESS.

To the Editor of THE MEDICAL NEWS.

SIR: I ask leave to say that I declined signing the resolutions forwarded by your correspondent in this city in relation to the Ninth International Medical Congress, and published in your issue of the 11th inst., p. 53, because they place the blame of the lamentable state of affairs entirely on the action of the new committee at Chicago; while it seems to me, that committee acted simply in accordance with the stringent restrictions imposed upon it by the unwise and revolutionary conduct of the American Medical Association at New Orleans, in nullifying the action of the first committee, and thus opening the Pandora's box of the countless evils now agitating the American medical profession.

The resolutions passed at the meeting of the medical men in Boston, and published on the same page of your journal, meet with my cordial concurrence. With great respect,

WM. T. HOWARD.

181 MADISON AVE., BALTIMORE,
July 13, 1885.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT, U. S. ARMY, FROM JUNE 30 TO JULY 13, 1885.

AINSWORTH, F. C., *Captain and Assistant Surgeon*.—Relieved from duty at Headquarters Department of Missouri.—S. O. 93, Department of Missouri, June 26, 1885.

HAVARD, VALERY, *Captain and Assistant Surgeon*.—Assigned to duty at Fort Wadsworth, New York Harbor.—S. O. 140, Department of the East, July 2, 1885.

WYETH, M. C., *First Lieutenant and Assistant Surgeon*.—Assigned to duty at Fort Wayne, Michigan.—S. O. 140, Department of the East, July 2, 1885.

TAYLOR, B. D., *Captain and Assistant Surgeon*.—Assigned to duty at Little Rock Barracks, Arkansas.—S. O. 139, Department of the East, July 1, 1885.

POWELL, JUNIUS L., *Captain and Assistant Surgeon*.—Ordered from the Department of the East to Department of the Missouri.—S. O. 155, A. G. O., July 9, 1885.

BIRMINGHAM, HENRY P., *First Lieutenant and Assistant Surgeon*.—Ordered from Department of Missouri to the Department of the East.—S. O. 155, A. G. O., July 9, 1885.

OFFICIAL LIST OF CHANGES IN THE MEDICAL DEPARTMENT OF THE U. S. NAVY, DURING THE WEEKS ENDING JULY 4 AND JULY 11, 1885.

SHAFER, JOSEPH, *Assistant Surgeon*.—For duty on board the U. S. Receiving Ship "St. Louis," League Island, Pa., July 10, 1885.

BYRNES, J. C., *Passed Assistant Surgeon*.—Detached from the steamer "Powhatan" for duty at Navy Yard, Norfolk, Va.

CORDEIRO, F. J. B., *Assistant Surgeon*.—To the "Powhatan," for relief of Passed Assistant Surgeon Byrnes.

CURTIS, L. W., *Assistant Surgeon*.—To Philadelphia, for examination preliminary to promotion.

DRENNAN, M. C., *Surgeon*.—Placed on waiting orders.

FITZSIMMONS, P., *Surgeon*.—Duty on Receiving Ship "Franklin," Norfolk Navy Yard, continued until July 1, 1886.

OFFICIAL LIST OF CHANGES OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE U. S. MARINE-HOSPITAL SERVICE, FOR THE WEEK ENDING JULY 11, 1885.

FESSENDEN, C. S. D., *Surgeon*.—Leave of absence extended sixteen days, on account of sickness, July 1 and 9, 1885.

BENNETT, P. H., *Assistant Surgeon*.—Granted leave of absence for twenty-two days, July 9, 1885.